

Strolling Through the Match

MASTERING THE MEDICAL RESIDENCY APPLICATION PROCESS

GENERAL RESIDENCY APPLICATION TIMELINE AND CHECKLIST

April (End of Third Year) – March (Fourth 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"/> Research residencies | | <input checked="" type="checkbox"/> | | | | | | | | | |
| <input type="checkbox"/> Finalize elective rotations | <input checked="" type="checkbox"/> | | | | | | | | | | |
| <input type="checkbox"/> Arrange MSPE interview (depending on your school's schedule) | | <input checked="" type="checkbox"/> | | | | | | | | | |
| <input type="checkbox"/> Contact your designated dean's office for key ERAS and NRMP timelines | | | <input type="checkbox"/> | | | | | | | | |
| <input type="checkbox"/> Contact your designated dean's office to receive your ERAS token and applicant instructions | | | | <input checked="" type="checkbox"/> | | | | | | | |
| <input type="checkbox"/> Register with MyERAS (opens first week in June for all applicants) | | <input checked="" type="checkbox"/> | | | | | | | | | |
| <input type="checkbox"/> Complete profile on MyERAS application | | | <input checked="" type="checkbox"/> | | | | | | | | |
| <input type="checkbox"/> Register with NRMP (register from September 15 to January 31) | | <input checked="" type="checkbox"/> | | | | | | | | | |
| <input type="checkbox"/> Apply to programs as early as possible on September 28 | | | <input checked="" type="checkbox"/> | | | | | | | | |
| <input type="checkbox"/> Uniform release date for the dean's letter/MSPE is October 1 | | | | <input checked="" type="checkbox"/> | | | | | | | |
| <input type="checkbox"/> Schedule program interviews | | | | | <input checked="" type="checkbox"/> | | | | | | |
| <input type="checkbox"/> Interview at programs | | | | | | <input checked="" type="checkbox"/> | | | | | |
| <input type="checkbox"/> Send follow-up correspondence | | | | | | | <input checked="" type="checkbox"/> | | | | |
| <input type="checkbox"/> Choose and submit a rank list | | | | | | | | <input checked="" type="checkbox"/> | | | |
| <input type="checkbox"/> SOAP process opens Monday of Match Week | | | | | | | | | <input checked="" type="checkbox"/> | | |
| <input type="checkbox"/> Match Day for Main Residency Match—third Friday in March (dates vary for fellowship matches) | | | | | | | | | | <input checked="" type="checkbox"/> | |

ACRONYM LIST

- 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®
- COMLEX = Comprehensive Osteopathic Medical Licensing Examination

Emerging Information

This guidebook was written specifically to help medical students explore and pursue family medicine residency training. The Match process has been altered in recent years and continues to evolve. Several new processes have been introduced for the 2025-26 residency application cycle, making it particularly important to pay attention to emerging information throughout the year.

The advice and guidance captured in this guidebook extends well beyond the mechanics of the Match process and is meant to help any interested candidate create their path forward, starting at any stage of medical school.

In addition to reading *Strolling Through the Match*, visit www.aafp.org/match to access additional information about interviews, updated Match timelines, thorough guidance on signals for family medicine, new tools and more as the Match season unfolds.

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 its department of family medicine. *Strolling Through the Match* and associated materials are now revised annually by the American Academy of Family Physicians. The AAFP performs an annual review 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 significant contributions: individuals and organizations for their contributions:

Electronic Residency Application Service

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National Resident Matching Program®

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Aaron Michelfelder, M.D.

Society of Teachers of Family Medicine

Kathleen Rowland, M.D.

Franklin E. Williams, MEd

The AAFP is very pleased to provide you with this copy of *Strolling Through the Match*, a guidebook to applying to residency in family medicine. This guidebook is available online at www.aafp.org/match. To order free print copies, go to www.aafp.org/strolling-order (shipping and handling charges apply).

You can also access useful information for medical students and residents at www.aafp.org/med-ed.

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About the American Academy of Family Physicians

Founded in 1947, the AAFP represents 130,000 physicians and medical students nationwide. It is the largest medical society devoted solely to primary care.

Family physicians conduct approximately one in five office visits – that's 192 million visits annually or 48% more than the next most visited medical specialty. Today, family physicians provide more care for America's underserved and rural populations than any other medical specialty. Family medicine's cornerstone is an ongoing, personal physician-patient relationship focused on integrated care.

To learn more about the specialty of family medicine and the AAFP's positions on issues and clinical care, visit www.aafp.org. For information about health care, health conditions and wellness, please visit the AAFP's consumer website, www.familydoctor.org.

Strolling Through the Match

INTRODUCTION

We developed *Strolling Through the Match* to help you make clear decisions about your medical career, explore family medicine early during medical school, strengthen your application and candidacy for residency 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® or the Association of American Medical Colleges' Electronic Residency Application Service®, nor was it developed under their auspices. The material is intended to complement the information about residency selection provided by the NRMP and the AAMC 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 or subtract from its contents to suit your specific needs.

SECTION 1: THE MATCH: WHAT IT IS AND HOW IT WORKS

What Is the Match?

The Match is the process through which medical students are selected for postgraduate medical training programs. The Match, or National Resident Matching Program®, occurs annually on the third Friday in March, and matches medical students to first- and second-year Accreditation Council for Graduate Medical Education-accredited residency programs. To secure a residency position at a U.S. family medicine residency program accredited by the ACGME, you will most likely participate in the NRMP Main Residency Match®.

What Is the National Resident Matching Program?

While the Electronic Residency Application Service is your home base for applying to family medicine residency programs, the NRMP is the service that will match you with a residency program. The Military Match occurs on a different timeline than the NRMP Match and has its own matching service.

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

See full General Residency Application Timeline and Checklist on page 2.

The entire NRMP process is conducted online using the Registration, Ranking and Results® system. Applicants can pay registration fees, enter rank order lists and receive Match communications via the ERAS online portal.

How Does the Match Work?

The NRMP uses a computerized mathematical algorithm to place applicants into the most preferred residency, based on preferences expressed in the ROLs submitted by applicants and programs. View a video primer about this process at www.nrmp.org/intro-to-the-match/how-matching-algorithm-works/.

BASIC RULES OF THE MATCH

RULE #1: With few exceptions, most residency-seeking medical students and graduates should enroll in the Match and are bound to abide by its terms.

The Match is nearly all-inclusive because it lists almost all Post-Graduate Year 1 positions available in ACGME-accredited family medicine residency programs.

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 how you plan to rank their program, or if you ask a program how they plan to rank you, it is a violation of NRMP rules.

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

Failure to honor that commitment violates 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 and other interested parties.

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 or written indication of ranking is not binding, and the ROL takes precedence. Don't rely on these remarks from a program when creating your ROL.

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 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:

- Rural Scholars Programs
- Family Medicine Accelerated Programs
- Innovative Programs
- Military appointees to civilian programs
- Post-Supplemental Offer and Acceptance Program® 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/.

What Are My Chances of Matching?

WHAT DO THE NUMBERS SAY?

During the 2024 NRMP Main Residency Match, family medicine offered 5,231 positions, 124 more than in 2023, with 13.6% of positions offered in all specialties.

Family medicine is the second-largest specialty participating in the Match and has a lower applicant-to-position ratio than some specialties that offer limited training opportunities. In the 2024 Match, more than half of the year-over-year growth in positions was attributable to growth in what the NRMP defines as primary care residencies, with family medicine leading the specialties that offer primary care.

In the 2024 Match, 4,595 applicants matched in family medicine or a family medicine combined program, with 5,231 positions offered. For categorical family medicine, 87.8% of U.S. allopathic and osteopathic seniors matched.

By the Numbers

In the 2024 NRMP Match:

- 93.5% of U.S. allopathic seniors matched.
- 92.3% of osteopathic seniors and graduates matched.
- 67% of U.S. citizen international medical students and 58.5% of non-U.S. international medical students matched.

To view all the results for the family medicine specialty from the 2024 NRMP Match, visit www.aafp.org/students-residents/residency-program-directors/national-resident-matching-program-results.html.

What Is the Supplemental Offer and Acceptance Program?

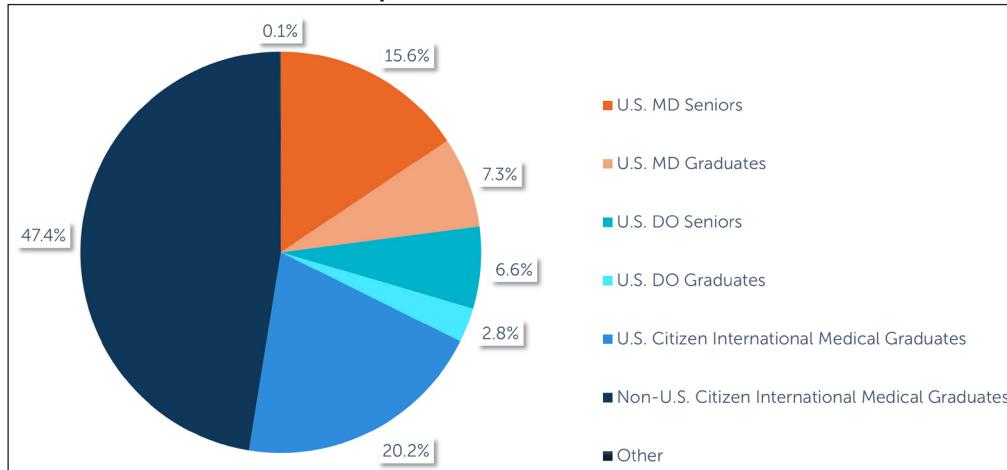
The Supplemental Offer and Acceptance Program® is a program run by the NRMP that takes place during Match week to match any unfilled residency positions with unmatched applicants. On the Monday of Match week, applicants find out if — but not where — they are matched. Unmatched applicants who meet eligibility requirements can participate in the SOAP to try to obtain an unfilled residency position. *Figure 1* shows a breakdown of participants in the 2024 SOAP.

KEEP IN MIND

There are many reasons a program will participate in SOAP. A program may not fill if its ROL is at odds with the applicants who ranked it, or 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. There will also be newer programs that received ACGME accreditation too late in the recruitment cycle to interview enough students.

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.

FIGURE 1. Breakdown of SOAP Participants in 2024



Source: National Resident Matching Program Results and Data: 2024 Main Residency Match

“ ”

This is the most important thing to know about Match Day: You have the inestimable responsibility of self-determination both before and after the third Friday of March. Where you match won't change that.

Second, there is magic in the Match. Things just seem to work out, largely because the people who want to go into family medicine are wonderful, and the people who teach family medicine are wonderful. Wherever you end up, you will learn to be an excellent doctor. This is the truth of family medicine residencies.

Third, after the Match and before you start your residency, take as much time off as possible. It is unlikely that you will have more than two weeks off at a time for the next several years, so make the most of it. See something you've never seen before.

— STEWART DECKER, M.D., M.P.H., KLAMATH FALLS, WA

SOAP FACTS

- To be eligible for the SOAP you must be:
 - Registered with the NRMP for the Main Residency Match
 - Eligible to enter graduate medical education programs on July 1 in the year of the Match
 - Partially matched (not relevant for family medicine) or fully unmatched on the Monday of Match week
- There are multiple rounds of offers in the SOAP on 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 assessing programs and their offers before accepting one.

More detailed information on the SOAP is available at www.nrmp.org/match-week-soap-applicants/.

Don't Skip Straight to the SOAP

Each year, a number of applicants register through ERAS for the Match with the intention of only participating in the SOAP process rather than going through the entire process to interview at programs and submit a ROL. **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 processes are highly personalized and work 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.**

2024 SOAP BY THE NUMBERS

- 2,526 PGY-1 positions offered (of which more than one-third were PGY-1 only, meaning transitional year or preliminary positions)
- 636 family medicine positions offered
- 2,376 PGY-1 positions filled
- 594 family medicine positions filled

After the 2024 SOAP, 94% of all PGY-1 positions offered in the Match were filled.

AFTER YOU MATCH

After you match, you'll be ready to take 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 has resources to help you make sound money management decisions as you start residency and early in your career, including a webcast on student loan repayment made in partnership with the AAMC. These resources are free online at www.aafp.org/students-residents/medical-students/begin-your-medical-education/debt-management-residency.html.

POST-MATCH ADVICE 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, M.D., M.P.H., 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, M.D., 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, M.D., 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, M.D., M.P.H., Sacramento, CA



RESOURCES AND REVIEW

- NRMP video guide to the Match algorithm
www.nrmp.org/matching-algorithm/
- Main Residency Match All in Policy
www.nrmp.org/all-in-policy/main-residency-match/
- Family medicine results from the 2024 NRMP Match
www.aafp.org/students-residents/residency-program-directors/national-resident-matching-program-results.html
- NRMP Results and data from the 2024 Main Residency Match
<http://www.nrmp.org/match-data/2024/06/results-and-data-2024-main-residency-match>
- NRMP SOAP information, including a full schedule, guides and video tutorials/webinars
<https://www.nrmp.org/residency-applicants/soap/>
- Finances in residency and early career
www.aafp.org/students-residents/medical-students/begin-your-medical-education/debt-management/residency.html



STEVEN GAWRYS – UNIVERSITY OF FLORIDA

SECTION 2: CHOOSING A MEDICAL SPECIALTY

Before the algorithm matches you for residency, you'll want to decide how you want to practice medicine. There's no algorithm for that process, but it matters much more than your Match results.

The journey to choosing a medical specialty is different for every student. It may not seem like there's ample time or exposure to all specialties to determine which one is your best fit. However, experiences before and during medical school and the extracurricular activities you enjoy can help guide your decision.

Before you choose a specialty, ask yourself:

- What made you want to become a physician?
- Who influenced your decision to apply to medical school, and what did you admire most about them?
- Do you see problems in the world and feel empowered to help?
- What aspects of medicine do you most enjoy? What aspects do you least enjoy?

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 lifestyles and personal interest in population health and preventive medicine. 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 next for their patients, so they seek out family medicine because of its emphasis on continuity of care.

The best way to know whether family medicine is right for you is to try it out and get involved as early in your training as possible. Take as many opportunities as you can to shadow family physicians or rotate with them in practice in various 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?

Explore More at FUTURE (formerly called the National Conference for Family Medicine Residents and Medical Students)

Events and conferences, such as AAFP FUTURE, the national conference for the future of family medicine, are valuable sources of information and connections that can help you make a well-informed career choice. At FUTURE, you can talk to program directors, faculty and residents from hundreds of family medicine residencies and start charting your path to residency. In addition, you can choose from dozens of topics specifically tailored to introduce you to the breadth of family medicine in presentations, special interest group discussions, clinical workshops and procedural skills courses.

Since family medicine is such an all-encompassing specialty, **attending FUTURE in your first and second years of medical training can help set you up for success during your clinical education.** Attending FUTURE during all four years of medical school will help you broaden your experiences and become more familiar with residency programs. Visit www.aafp.org/future to learn more and apply for a scholarship to attend.

- 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 seeking out the best available information, you can trust that your decision to pursue primary care will be a good one.

Primary Care

Most patients' initial interaction with the health care system is primary care, so it's a great place to begin exploring careers in medicine. Early in your medical school training, learn about primary care's role in the health care system and its impact on health and health equity. Seek information from trusted organizations, faculty, community physicians, residents and students about career opportunities in primary care. The more you learn and engage, the more you'll discover the questions that are essential to ask as you plan for your residency match.

“ ”

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, M.D., FAAFP, CHICAGO, IL

Primary care physicians:

- Are specialists in family medicine, general internal medicine or general 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 most 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 much of their practice to providing primary care services to a defined population of patients.
- Leverage the entire health care system to benefit and advocate for the patient.

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

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



JESSICA REBAZA — NOVANT

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 constantly challenges and energizes physicians who are comfortable with complexity and thrive on the patient relationships at the heart of medicine.

Four C's of Primary Care

**First-Contact
Continuous
Comprehensive
Coordinated**

Family physicians' wide scope of training allows them to engage in a wide range of care for various patient populations regardless of age, gender or health need. Family physicians are the only primary care physicians to practice pregnancy care and obstetrics.

By contrast, pediatricians typically treat patients up to 18-21 years, while internal medicine physicians only care for adults. Med-peds (combined internal medicine and pediatrics) physicians care for children and adults, most often in inpatient settings.

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 20% of internal medicine physicians stay in general internal medicine. By contrast, more than 90% of family physicians practice primary care.

“ ”

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.

FIGURE 2. Primary Care Specialty by Type of Care

| | Sees infants, kids | Sees adults | Comprehensive women's health + procedures | Options for specialization | Highest number of graduates practicing primary care |
|-------------------|--------------------|-------------|---|----------------------------|---|
| Family Medicine | ✓ | ✓ | ✓ | ✓ | ✓ |
| Pediatrics | ✓ | | | ✓ | |
| Internal Medicine | | ✓ | | ✓ | |
| Med-Peds | ✓ | ✓ | | ✓ | |

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.

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

Residency Requirements

To ensure you'll get the comprehensive training you want, reviewing residency requirements for the primary care specialties may be helpful. Residency programs in these specialties vary in the way they train residents.

The ACGME sets the requirements for medical residencies in the U.S.

Review requirements for each specialty at www.acgme.org/specialties/.

These requirements are meant to promote innovations at individual programs while providing some stipulations and guidelines for how programs are administered. The requirements reflect the training you can be assured you will receive in each specialty. Programs do a lot more beyond these requirements — they are just the basics of what must occur.

New Residency Requirements for Family Medicine

The accreditation requirements for family medicine residencies recently went through a major revision process, with new requirements for programs starting July 1, 2023. Changes to the requirements are meant to give residents more elective time and allow for more individualized learning plans. The new requirements:

- Include panel metrics in place of individual patient encounter requirements for residents, meaning family medicine residents will manage a panel of patients in a team-based approach.
- Emphasize and measure continuity of care.
- Have fewer prescriptive requirements in some clinical areas to allow programs to focus on competency-based education and evaluation.
- Include two tiers for pregnancy care so that every family medicine resident will continue to be trained in this care, and a program offering the higher tier will best be able to prepare a resident for independent practice in comprehensive pregnancy care, including hospital privileges and credentialing.

You can read more about the AAFP's response to the new requirements at www.aafp.org/news/education-professional-development/2023-residency-requirements.html.

The new requirements can be found on the ACGME's website at www.acgme.org/Specialties/Family-Medicine/Program-Requirements-and-FAQs-and-Applications.

Family medicine residency programs require specific experiences in the following areas:

- Continuity of patient care (i.e., caring for a diverse panel of patients over time)
- Hospital medicine for children and adults
- Emergency medicine
- Care of infants, children and adolescents across the acuity spectrum (i.e., ambulatory to acute inpatient care)
- Pregnancy-related care, including deliveries
- Gynecology
- Geriatrics

Family medicine residency programs also require experience in the following:

- Newborn care
- Care of surgical patients

- Musculoskeletal care
- Dermatology
- Behavioral health
- Substance use
- Procedures
- Population health
- Subspecialty curriculum
- Diagnostic imaging (e.g., point-of-care ultrasound)
- Health systems management
- Six months of elective experiences

Other primary care residencies do not require continuity care and focus more on inpatient training and less on ambulatory (outpatient) care than family medicine.

Pediatric residencies focus on the care of children and do not include women's health or obstetrics.

Osteopathic Principles and Practice/Osteopathic Manipulative Treatment Training in Residency

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 Osteopathic Principles and Practice 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/Osteopathic Manipulative Treatment, 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. The training can be available to residents who are graduates of allopathic or osteopathic medical schools.

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 (i.e., does it have a service line)?

Internal medicine residencies focus on the care of adults but do not include obstetrics.

Med-peds residencies include the care of both children and adults but do not include obstetrics.

Family Medicine

Family medicine is the second-largest medical specialty. As such, it is a leading specialty choice for medical students. Factors that influence this choice include the trust families have in their family physicians and the high number of family physicians practicing primary care. 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, such as colonoscopies or suturing, to their repertoire throughout their careers.
- **Is based on continuity clinic experience:** 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.

FAMILY PHYSICIAN WORKFORCE

A commitment to caring for all patients requires culturally competent physicians. According to the Agency for Healthcare Research and Quality, family medicine is 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.** About 90% of AAFP family physician members practice in a metropolitan area, with more than 10% practicing in rural communities. Family medicine's broad scope and ability to treat any patient allow communities of all sizes to support a family physician. The National Center for Health Workforce Analysis, under the U.S. Health Resources and Services Administration, projects the shortage of family physicians will be exacerbated by 2036, with only 73% of non-metro residents having access to a family physician and only 79% of metropolitan area residents. This reflects the demand for family medicine across the United States in all settings and the endless opportunities for anyone considering a family medicine career.

The AAMC, the AAFP's Robert Graham Center and others have reported that primary care specialties, especially family medicine, have a more racially and ethnically diverse workforce than many other medical specialties. According to the HRSA, more than 34% of family physicians are a racial or ethnic minority.

Combined Residency Programs

As you start researching family medicine residency programs, you'll find that many offer specialized tracks that run alongside the three years of core training, with a few adding an extra fourth year of training. These tracks — such as women's health, health policy and global health

- allow trainees to gain extra exposure to specific topics, but they differ from combined (or dual-degree) residency programs.

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

Though there are many types of combined training programs, most physicians train in a single specialty.

The three combined programs available in family medicine are:

- 1) Family Medicine–Emergency Medicine
- 2) Family Medicine–Preventive Medicine
- 3) Family Medicine–Psychiatry

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, family medicine opens doors to numerous fellowship opportunities if you'd like to gain more in-depth training in a particular area.

Family physicians can choose from a wide variety of fellowships, some of which are accredited by the ACGME or can lead to a Certificate of Added Qualification from the American Board of Family Medicine.

Fellowships accredited by the ACGME include:

- Addiction Medicine
- Clinical Informatics

- Geriatric Medicine
- Hospice and Palliative Medicine
- Sports Medicine

Fellowships that lead to ABFM Certificate of Added Qualifications (CAQs) include:

- Adolescent Medicine
- Geriatric Medicine
- Hospice and Palliative Medicine
- Pain Medicine
- Sleep Medicine
- Sports Medicine
- Health Care Administration, Leadership and Management

Other fellowships include:

- Behavioral Medicine
- Brain Injury Medicine
- Community Medicine
- Emergency Medicine
- Faculty Development
- Health Policy
- HIV/AIDS Care
- Integrative Medicine
- International/Global Health
- Maternity/Obstetrics
- Preventive Medicine
- Research
- Rural Medicine
- Urgent Care
- Women's Health

The AAFP offers a Family Medicine Fellowship Directory available at www.aafp.org/fellowships that is searchable by fellowship type, location, community setting and program duration.

What will your career options look like if you pursue additional training? Primary care already presents many exciting, diverse paths. **Family medicine has the most extensive scope of practice without additional training, so completing a fellowship can complement full-spectrum practice, uniquely allowing family physicians to incorporate care of a specialized community of patients into a primary care practice.** Many family physicians with subspecialized training can also choose to split 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/dive-into-family-medicine/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'll likely receive job offers as soon as you start residency. There are even opportunities to commit to helping underserved communities before you leave medical school in return for scholarships or loan repayment.

It doesn't take a large population to keep a family physician busy, especially compared to 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
- Corporate and business settings
- Locum tenens (temporary placements)

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 practice settings from which to choose. 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 searching for large-scale solutions to improve population health and cost-effectiveness, policymakers are turning to family physicians. As the largest single medical specialty, family medicine has a voice that will continue to be influential. Having longitudinal

relationships with a broad spectrum of patients allows family physicians to clearly see the most pressing issues communities face and credibly advocate for solutions.

RESOURCES AND REVIEW

- ACGME program requirements and FAQs for family medicine
www.acgme.org/specialties/family-medicine/overview
- American Family Physician podcast episodes feature interviews with family physicians
www.aafp.org/afppodcast
- ACGME new requirements for family medicine residency (beginning 2023)
www.acgme.org/Specialties/Family-Medicine/Program-Requirements-and-FAQs-and-Applications
- Society of Teachers of Family Medicine Entrustable Professional Activities for Family Physicians
www.stfm.org/teachingresources/resources/epascompetenciesmilestones/overview/
- AAFP Medical Student Resources
www.aafp.org/students-residents/medical-students.html
- AAMC Careers in Medicine® Program
<https://careersinmedicine.aamc.org/>
- AAFP FUTURE (formerly called the National Conference of Family Medicine Residents and Medical Students)
www.aafp.org/future
- AAFP member facts about family medicine
www.aafp.org/about/dive-into-family-medicine/family-medicine-facts.html
- AAFP Family Medicine Fellowship Directory
www.aafp.org/fellowships

KEY MESSAGES

The best way to know whether family medicine is right for you is to try it out and get involved as early in your training as possible.

Attending AAFP FUTURE (formerly called the National Conference for Family Medicine Residents and Medical Students) early and often during medical school will help you expand your clinical education and find a residency program. Visit www.aafp.org/future for more information, including finding scholarships to attend.



EVAN STARR – MAYO CLINIC

SECTION 3: GAINING EXPERIENCE, PREPARING RESIDENCY APPLICATIONS/CREDENTIALS AND BUILDING A CURRICULUM VITAE

Medical school will keep you busy, but school requirements alone are unlikely to provide you with all the information and experiences to make critical career decisions. Medical school training can underdeliver on real-world 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 primary care is typically practiced 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 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, hospitals and emergency departments.

“ ”

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, M.D., M.P.H., DURHAM, NC

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 demonstrate to residency programs that you're interested in and committed to the specialty.** Patient and practice stories reflecting your personal interests and passion for family medicine will strengthen your application materials and interviews.

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

Perceived commitment to the specialty is the most important personal characteristic applicants can show a family medicine residency. According to the 2024 NRMP Program Director Survey, more than 86% of family medicine residency directors cited this characteristic when deciding who to interview. Survey results about average program behavior and other insights into the residency recruitment process can be found at www.nrmp.org/match-data/2024/08/charting-outcomes-program-director-survey-results-main-residency-match/.

Your Residency Application

Building your residency application starts early in medical school. The residency recruitment process has become less focused on standardized exam performance and more focused on the holistic accounting of broad applicant factors and characteristics so residency programs may recruit diverse and committed residents. The shift to a pass/fail scoring system of the first major medical licensing examination is evidence of this new focus (see Licensing Requirements on page 32 for more information).

To stand out as an applicant, show an interest and commitment in activities like advocacy, policy, community service and leadership. Maintaining good academic standing while pursuing additional opportunities expands your curriculum vitae. Dig in deeper with opportunities that energize, inspire and encourage your well-being. These will help you excel, not only in academics and professional development, but in identifying and deepening your passions, values and integrity.

The checklists in this section will guide you through each year of medical school. If you are a senior medical student and see action items listed for first- and second-year medical students that you haven't accomplished, don't worry. Most of these items can be achieved anytime during your medical education.

Opportunities for Professional Development

- **Set goals:** Medical school will teach you an amazing amount about medicine, but it may not address some of the "soft skills" you need to succeed as a professional in residency and beyond (e.g., leadership, community organizing). Set goals for your 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 to meet your goals.
- **Get involved (but not too involved!):** It's easy to get overcommitted, so don't try to join everything, but do seek opportunities to participate in extracurricular programs and groups that complement your medical school curriculum and strengthen your personal ambitions. Joining groups and pursuing programs that feed your soul (and build your CV) will keep you energized and encouraged as you tackle the many demands of medical school.
- **Find like-minded peers:** Find peers who share your interest in primary care or family medicine, specifically. 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, M.D., MBA, FAAFP, WICHITA, KS

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

— CHANDLER STISHER, M.D., HUNTSVILLE, AL

Leadership is a professional skill that will help you stand out in the Match process and throughout your career. According to the NRMP Program Director Survey, leadership qualities are highly valued by most family medicine residency program directors and are among the factors used to select applicants to interview and rank. Leadership qualities had an average importance rating on par with clerkship grades.

The AAFP trains students and residents to lead and advocate. Visit www.aafp.org/membership/get-involved/awards-and-leadership-opportunities/leadership-students-residents/student.html for student leadership opportunities and www.aafp.org/getinvolved for medical student and resident award opportunities.

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.

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 you are now a credible source of information about medicine to your patients, family and community. 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 you care about.** Finding others who also care about these issues will expand your network of people and organizations that can energize you when medical school is draining.

LEGISLATIVE ADVOCACY

All policies impact health, and the physician or physician-in-training perspective is critical to policymakers. Look for opportunities to learn about and contribute to grassroots or organized legislative advocacy from the local to the national level. The AAFP hosts the Family Medicine Advocacy Summit and AAFP Annual Leadership Conference, and AAFP chapters often host their own advocacy events and have committees and task forces in which you may be able to get involved. Ask around at your school's family medicine department and faculty to find out who's involved and if you can learn from them or help. Many medical student organizations are also highly involved. The AAFP works with the American Medical Association, Student National Medical Association, and Latino Medical Student Association to support student involvement in advocacy and policy development.

ORGANIZED MEDICINE

One way to advocate for your patients and profession throughout your career is to get involved in organized medicine. Nonprofit associations exist to harness the power of collective voices to further their missions. Every medical specialty has a specialty organization like the AAFP has for family medicine. These organizations provide connections and support, and work toward positive change on the issues most important to their members.

Organizations such as the AMA, AAMC, American Osteopathic Association and American Association of Colleges of Osteopathic Medicine provide resources, tools and leadership opportunities to help medical students identify and achieve career goals.



BRIAN AGUIRRE – BAYLOR UNIVERSITY

Many organizations offer membership for medical students at little or no cost. You may find value and purpose in getting involved in organizations for different groups of students or physicians. There are interprofessional medical organizations focused on a type of practice or patient, as well as cause-driven organizations. Whatever you're interested in or however you identify yourself, you're likely to find a group to get involved with.

TABLE 1. Medical Student Organizations

| Organization | Mission |
|---|--|
| The Latino Medical Student Association https://national.lmsa.net | The LMSA unites and empowers current and future physicians through service, mentorship and education to advocate for the improved health of the Hispanic and Latina/o/x community in the United States. |
| Student National Medical Association https://snma.org | SNMA is committed to supporting current and future underrepresented minority medical students, addressing the needs of underserved communities and increasing the number of clinically excellent, culturally competent and socially conscious physicians. |
| American Association of Physicians of Indian Origin https://aapiusa.org | AAPI is a forum to facilitate and enable Indian American physicians to excel in patient care, teaching and research and to pursue their aspirations in professional and community affairs. |
| Medical Student Pride Alliance https://medpride.org | MSPA is a not-for-profit organization committed to supporting the success of current and future LGBTQ+ medical students throughout their education and careers by fostering community and connecting members. |
| The National Rural Health Association www.ruralhealth.us | The NRHA is a national nonprofit membership organization that brings together thousands of members across the United States. The association's mission is to provide leadership on rural health issues through advocacy, communications, education and research. |
| Social Mission Alliance https://socialmission.org | SMA is a national movement, focused on health equity and training health professionals as agents of more equitable health care. |
| American Medical Women's Association www.amwa-doc.org | AMWA is the oldest multispecialty organization dedicated to advancing women in medicine and improving women's health. |
| International Federation of Medical Students Associations https://ifmsa.org | The IFMSA was founded in 1951 and is one of the world's oldest and largest student-run organizations. It represents, connects and engages every day with an inspiring and engaging network of 1.3 million medical students from 139 national member organizations in 130 countries around the globe. |



POLICY

The physician's voice is an important and powerful one in federal, state, local and institutional policy development. Consider spending time pursuing legislative and/or health policy knowledge and experiences during medical school. You may be able to find or create a health policy elective for yourself!

Learn more about policies that impact primary care through the AAFP's Robert Graham Center (www.graham-center.org/home.html). You can gain experience in policy development by getting involved in organizations like those listed in this section. One opportunity to get involved in policy development on an issue you care about is participating in the AAFP's National Congress of Student Members, which happens in conjunction with AAFP FUTURE (formerly called the National Conference for Family Medicine Residents and Medical Students).

Come to the conference, find others who care about what you care about, work together, write a resolution, debate the issues, elect medical student leaders for the AAFP and be a part of improving the structure and conditions surrounding health and health care. Learn more at www.aafp.org/getinvolved.

TIP

Become knowledgeable about health care reform, health care delivery and the importance of primary care. In particular, become informed about current health care trends related to family medicine, including efforts to shift to value-based care and other payment reforms. This shows residency programs that you're committed to family medicine and know what that commitment means.

HEALTH EQUITY

Achieving health equity and eradicating health disparities are especially important to family physicians. Achieving health equity takes breaking down the conditions and systems holding the problem in place. It takes intentionality. Look for opportunities to educate yourself and others and contribute to or lead health equity initiatives within your institution, community, region, state or beyond. The AAFP and its chapters are likely to be engaged in this work, and your local connections will help surface opportunities. Learn more about efforts to improve diversity and health equity in family medicine at www.aafp.org/everyone.

Join in!

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

- American Academy of Family Physicians
www.aafp.org/membership/join/student.html
- Society of Teachers of Family Medicine
www.stfm.org/join
- North American Primary Care Research Group
www.napcrg.org/Membership
- American College of Osteopathic Family Physicians
www.acofp.org/ACOFPIMIS/Acofporg/Membership/Students.aspx

Family Medicine Interest Groups

Family medicine interest groups, often chartered as student chapters of the American College of Osteopathic Family Physicians when located at an osteopathic college of medicine, have state and national support to help you expand your networking beyond medical school. They provide educational programming in family medicine, including clinical skill workshops. Leadership opportunities in these groups allow you to take on responsibilities that align with your professional development goals and interests and are impressive on a CV. Learn more about FMIGs at www.aafp.org/students-residents/medical-students/fmig.html.

Leadership Programs and Scholarships

A number of organizations that are invested in developing the next generation of medical leaders offer focused individual leadership experiences. Find programs within your medical school or state by asking your adviser, 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 at www.aafpfoundation.org/our-programs/education-initiatives/family-medicine-leads-emerging-leader-application.html and the ABFM Pisacano Scholars Leadership Program at <https://pisacano.org/>, 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 particular 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.

Not sure where to start?

If you're an AAFP member, visit your chapter's website or contact their staff to learn about resources and events supporting members' advocacy involvement. You can access the AAFP chapter directory at <https://app.aafp.org/sf/s/searchdirectory?id=a233l0000020Q3X>.

Holistic Review

Holistic review refers to a process through which residency programs provide balanced consideration to all aspects of an application, including academic metrics, experience and candidate attributes. This process allows reviewers to be flexible and individualized in assessing an applicant.

Family medicine residencies are considered leaders in holistic review, as so much of family medicine requires more than just good test scores. If you are interested in family medicine early in medical school, you can build experiences that showcase your commitment to family medicine, reflect your values and passion and demonstrate your teamwork and leadership skills. Family medicine residencies are also dedicated to equity and will likely

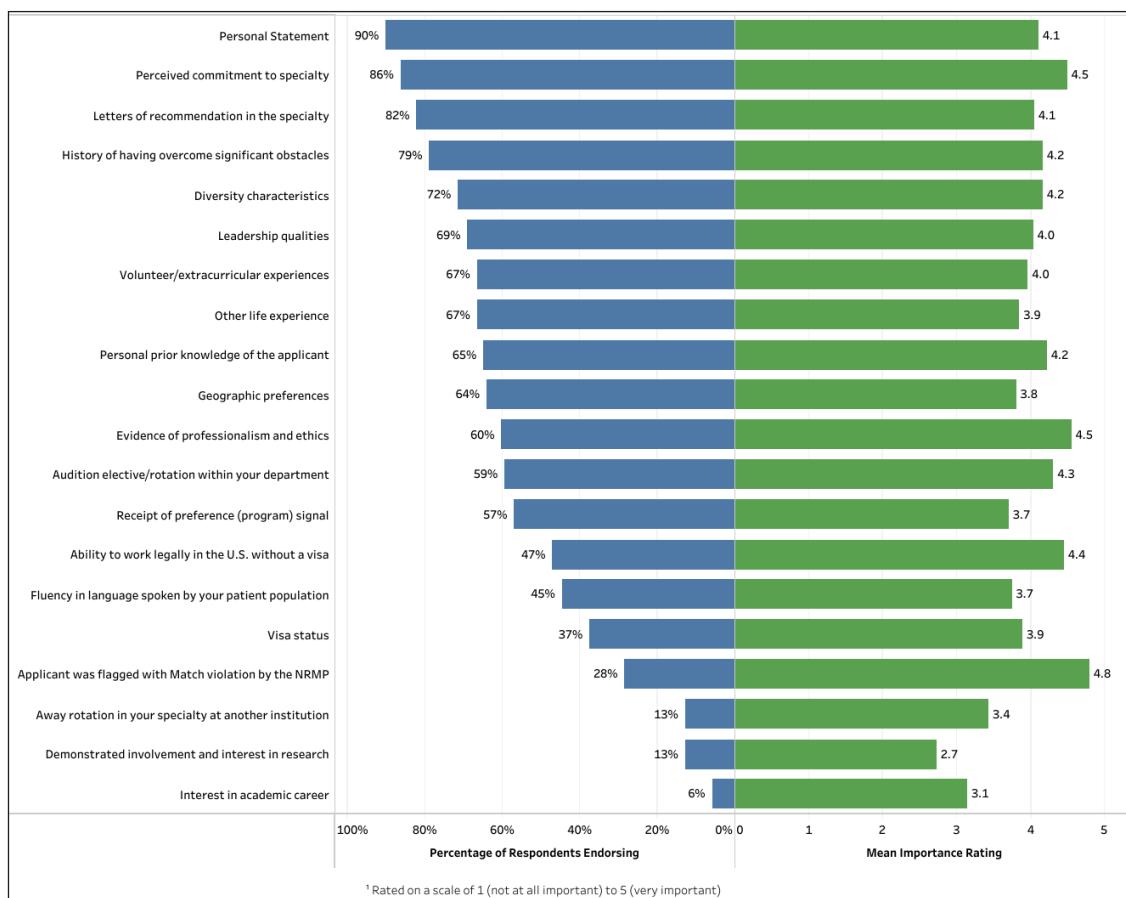


be interested in your “road traveled,” reflecting your journey to medicine through medical school and any obstacles you’ve overcome.

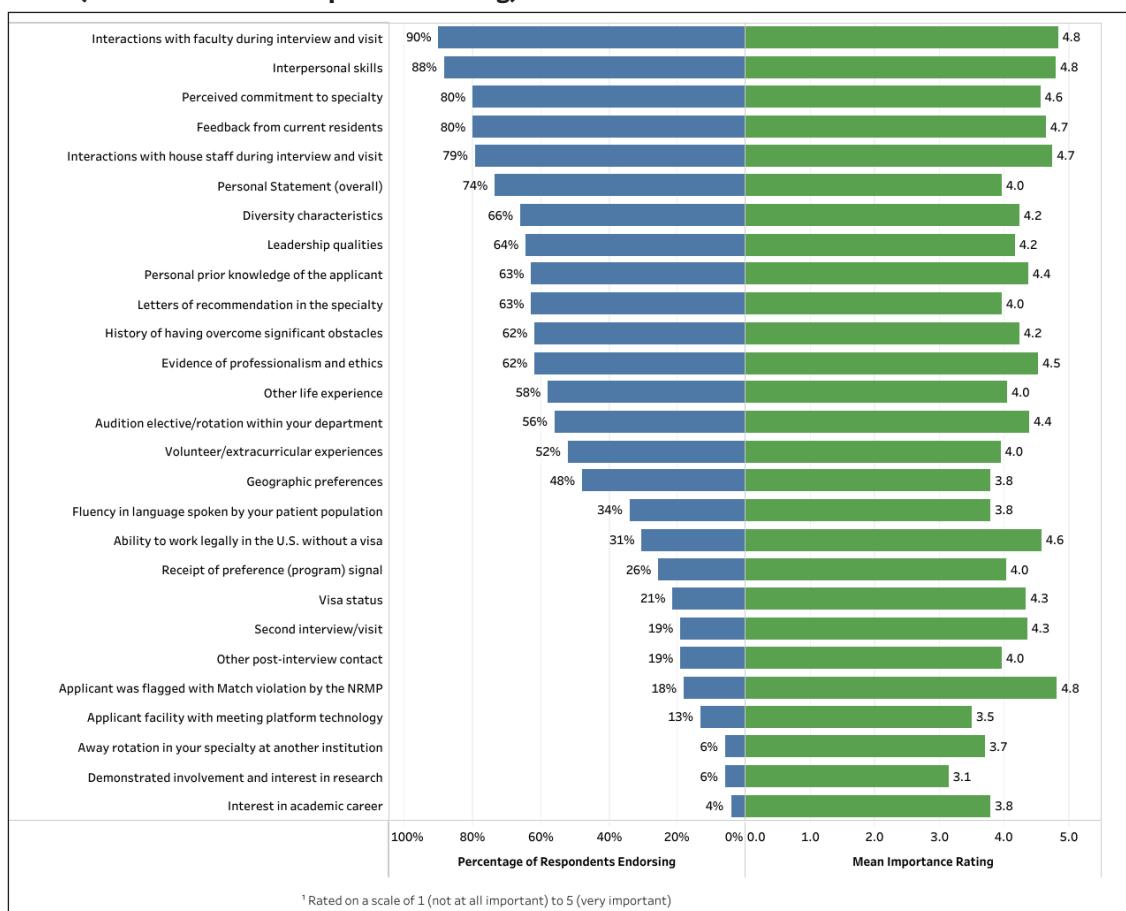
Similarly, you should consider residency programs much deeper than the surface-level information, such as board pass rates of their residents, geographic location and whether they’re situated in a multi-residency or single-residency medical center. Your research and interview questions should uncover the program’s values and culture and what makes it unique and special.

Based on the NRMP Program Directors Survey, these graphs reflect what 178 family medicine residency programs reported on the NRMP’s annual survey of program directors. Related to education and academic performance characteristics, family medicine residency programs tend to look most at the Medical Student Performance Evaluation (dean’s letter), medical licensing exam attempts/pass rates and consistency in grades.

FIGURE 3. Personal Qualities and Other Knowledge of Applicants Considered in Deciding Who to Interview (by Percent and Mean Importance Rating)



Source: NRMP Program Director Survey Results, 2024

FIGURE 4. Personal Qualities and Other Knowledge of Applicants Considered in Deciding Who to Rank (Percent and Mean Importance Rating)¹ Rated on a scale of 1 (not at all important) to 5 (very important)

Source: NRMP Program Director Survey Results, 2024

Checklists: Building Experiences Year by Year

Every Year

- Make the most of medical school and embrace all your courses and clinical rotations; Envision yourself in each of those specialties
- Seek opportunities to connect with your peers and upperclassmen through student organizations
- Prioritize wellness and resilience by staying connected with your support network and offering support to others
- Attend AAFP FUTURE to network and explore topics that interest you, discover and hone your list of residency options, and get involved with AAFP National Congress of Student Members and the FMIG Leadership Summit

First-year Medical Students

- Become a member of the AAFP—it's free for medical students
- Join your school's FMIG or student chapter of the ACOFP
- Join other national medical student organizations related to your interests
- Explore clinical topics and procedures from the *American Family Physician* podcast, *American Family Physician* journal and *Annals of Family Medicine*
- Explore AAFP student leadership at the state and national level
- Start writing your CV to maintain throughout medical school
- Prioritize specialty exploration experiences
- Consider opportunities to gain early clinical experience, such as a summer externship program with a family physician or shadowing a family physician from your local community

Second-year Medical Students

- Take on a leadership role with your FMIG or student chapter of the ACOFP
- Apply for a state or national student leadership role with the AAFP
- Connect with a mentor in family medicine who could serve as a reference and help review your CV
- Shadow physicians in areas of medicine that interest you
- Volunteer in your community or through your medical school
- Gain experiences in governance and policy through your institution (e.g., student government) or in local, state or federal policy
- Volunteer to help your family medicine department with a research project or pursue a research project in primary care, public health or health equity
- Envision practice locations and research residency programs in those areas
- Update your CV
- Plan your clerkships and complete your core family medicine rotation before the end of your third year, but don't worry about having the perfect clerkship schedule
- Study, prepare for and take United States Medical Licensing Examination® Step 1/ Comprehensive Osteopathic Medical Licensing Examination-USA Level 1 (i.e., USMLE Step 1/COMLEX-USA Level 1)

Third-year Medical Students

- Take on a more prominent leadership role in your FMIG by developing a program to recruit new medical students (this will show a passion for growing the specialty) Funding is available through the AAFP's Family Medicine Student Organization Grant Program (www.aafp.org/students-residents/medical-students/fmig/lead-fmig/find-fmig-funding/family-medicine-student-organization-grant-program.html). You may even consider applying for a coveted AAFP Program of Excellence Award (www.aafp.org/membership/get-involved/awards-and-leadership-opportunities/student-resident-awards/fmig.html) if the program is successful!
- Apply for a new state or national leadership role with the AAFP
- If you haven't already, join other family medicine professional organizations, such as the Society of Teachers of Family Medicine and North American Primary Care Research Group
- Become an advocate for primary care by learning about the legislative advocacy process
- Volunteer or lead a community service project

- Develop a list of professional references
- Research family medicine residency programs and follow them and their residents on social media
- Update your CV
- Begin to identify authors for letters of recommendation
- Attend residency virtual meet and greets and open houses
- Complete away rotations, if available, at programs of interest
- Talk with residency program alumni, community physicians or students at the institutions you're interested in
- If you're an international medical graduate, review the Education Commission for Foreign Medical Graduates Pathways requirements
- Attend residency fairs at local, regional and national conferences, especially AAFP FUTURE
- Prepare to meet with the dean or a designee to discuss your MSPE in June or July as you start your fourth year. Also called a dean's Letter, the MSPE will be a vital component of your application to residency programs.

Fourth-year Medical Students

- Continue to support your FMIG by leading a special project, supporting other rotating students and advising M1-M3 leaders
- Apply for a family medicine student organization grant for a special project at your school or in your community
- Research, apply, interview, rank and match with your residency program
- Include all your experiences to this point in your residency application and update your CV
- Expand your involvement in advocacy by applying for an AAFP commission position, reference committee member or other leadership role at the AAFP National Congress of Student Members
- Study, prepare for and take USMLE Step 2/COMLEX-USA Level 2

ATTEND AAFP FUTURE

The summer after your first year of medical school, make a point to attend AAFP FUTURE. This annual event is one of the largest gatherings of medical students and residents from across the country. Attending AAFP FUTURE will help develop your hands-on clinical skills, improve your understanding of the health care system and enhance your awareness of the versatility of family medicine. 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 AAFP Foundation provides Family Medicine Leads Scholarships for medical students and family medicine residents to attend AAFP FUTURE. When scholarships are available, check for eligibility and application information at www.aafp.org/events/future-conference/scholarships.html.

Licensing Requirements

TABLE 2. LICENSING REQUIREMENTS

| Students at allopathic schools of medicine (M.D.) | Students at osteopathic colleges of medicine (D.O.) |
|--|--|
| <p>To graduate from 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®, which is sponsored by the Federation of State Medical Boards and the National Board of Medical Examiners.</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">USMLE Step 1: Assessment of medical knowledge and foundational scienceUSMLE Step 2*: Assessment of knowledge of clinical science (USMLE Step 2 Clinical Knowledge)USMLE Step 3: Assessment of whether you can apply medical knowledge and understanding of biomedical and clinical science in order to practice medicine without supervision | <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, 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">COMLEX-USA Level 1: Assessment of medical knowledge and foundational scienceCOMLEX-USA Level 2*: Assessment of knowledge of clinical science (COMLEX-USA Level 2-Cognitive Evaluation)COMLEX-USA Level 3: Assessment of whether you can apply medical knowledge and understanding of biomedical and clinical science to practice medicine without supervision |
| <p>Performance on the first two stages of these exams serves as one crucial piece of eligibility criteria for residency applications and is required by most residencies during the application process. Make sure you're on schedule to complete the required exams in time for your results to be shared with residencies.</p> | |

*Standardized assessment of clinical skills is also required. In 2021, the USMLE and COMLEX exams discontinued a required clinical skills assessment, and as a result, more medical schools are managing those exams at the institutional level. These exams assess readiness for graduation and provide information for students' MSPE. Medical students should research clinical skills examination requirements at their medical school.

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 D.O. students also take the USMLE exam, anticipating that some residency programs may prefer or only accept USMLE test scores.

Nearly all family medicine residency programs accept and consider COMLEX results. While taking the USMLE steps may offer enhanced or additional eligibility in some specialties or programs, it poses a risk if your exam performance is variable. Taking both exams is also an additional cost.

SCORES VERSUS PASS/FAIL

The first step or level of both the USMLE and COMLEX moved to a pass-or-fail scoring system in 2022 with the intent of reducing the overemphasis on USMLE Step 1 numeric scores while retaining the ability of state medical licensing boards to use exam results for

determining medical licensure eligibility. That significant change in the scoring process is affecting how residency programs evaluate student applications. In family medicine, it is important that students perform strongly on the Step 2 exams, as the application of clinical knowledge and patient interactions are fundamental.

Your Curriculum Vitae

A CV is a multipurpose, personal application form that captures 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.

| James Smith | |
|--|---|
| 1013 Central Street, Apt. 4001 Birmingham, AL 35005 Phone: 365-555-3902 Email: james.s@mail.com | |
| <hr/> | |
| EDUCATION | LEADERSHIP AND EXTRACURRICULAR ACTIVITIES |
| 2020 MD, anticipated, University of Alabama School of Medicine (UASOM), Birmingham, AL | 2018-2019 Student Member , AAFP Commission on Health of the Public and Science |
| 2016 Rural Medicine Program, Auburn University, Auburn, AL | 2018 Reference Committee Member , National Conference of Family Medicine Residents and Medical Students |
| 2015 BA, <i>summa cum laude</i> , Anthropology, University of Alabama at Birmingham (UAB), Birmingham, AL | 2018 Interview Host , Rural Medicine Program Interview Day, UASOM |
| RESEARCH EXPERIENCE | 2017-Present Student Member , Rural Advisory Council, UASOM |
| 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 Trustee , AAFP Foundation Board of Trustees |
| 2017/2018 Student Choice Project Team Leader , Family Medicine for America's Health. Conducted multiple focus groups and performed qualitative data analysis. | 2016-Present Member , UASOM Family Medicine Interest Group (FMIG) |
| 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. | 2016/2017 Research Symposium Co-Director , Medical Association of the State of Alabama. |
| PUBLICATIONS | 2011-Present Pre-Selection Committee , Smith Scholarship Foundation. |
| Anderson A, Patel T, Nowell M, Smith J. Development of a collaborative community approach to increase student matches into family medicine. <i>Ann Fam Med</i> . 2018;10(1):9-11. | VOLUNTEER ACTIVITIES |
| Young J, Do A, Smith J. Modeling gene interaction networks that buffer disease in yeast. <i>Genes (Basel)</i> . 2017;6(1):30-52. | 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. |
| POSTER PRESENTATIONS | 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. |
| 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. | 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. |
| Smith J, Gaviria C, Abston P. A Stevens-Johnson Syndrome Scare. UASOM Huntsville Regional Medical Campus Research Day, Huntsville, AL, 2018. | 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. |
| ORAL PRESENTATIONS | HONORS AND AWARDS |
| 2018 Guest Speaker . American Medical Student Association Convention and Exposition, Washington, DC. Topic: Family Medicine, the AAFP, and the AMSA | 2017 Family Medicine Leads Emerging Leader Institute Leadership Project Award |
| 2018 Co-presenter . Society of Teachers of Family Medicine Conference on Medical Student Education. Austin, TX. Topic: FMIG Faculty Advisor Summit | 2016 Family Medicine Leads Emerging Leader Institute Scholar |
| 2017 Guest Speaker . UAB Department of Biology Welcome Reception. Birmingham, AL. Topic: Advice for Pre-Health Students | 2016-2018 Smith Foundation Graduate Scholarship |
| 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 | 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 |

For additional information on developing your CV, visit www.aafp.org/students-residents/medical-students/become-a-resident/applying-to-residency/cv.html. The AAMC offers a CV template at <https://students-residents.aamc.org/managing-your-medical-career/preparing-your-curriculum-vitae>.

FIGURE 5. Curriculum Vitae Tips

CV TIPS FOR A SUCCESSFUL MATCH

STRENGTHEN YOUR CV TO HELP WHEN APPLYING TO RESIDENCY PROGRAMS.

DON'T WAIT, START NOW

Start building your CV early. Seek out leadership, research, extracurricular, or volunteer opportunities. Update your CV as you progress through medical school.

KEEP IT SHORT

Your CV should be easy to read and your top accomplishments easy to identify. Pick two or three good reasons why programs should choose you over other applicants.

BE CONCISE

Your CV should be succinct and direct. Avoid explanatory sentences. You can provide more context and information in your personal statement.

MAKE IT ORDERLY

Arrange your CV in reverse chronological order, with your most recent experiences and positions at the top. Ensure dates and titles are clearly marked and easily identified.

HIGHLIGHT YOUR UNIQUE QUALITIES

Your CV should build upon the application form you will submit to a program. Highlight information that is unique to you and let the accomplishments spotlight specific qualities.

BE HONEST

Be honest and specific about your accomplishments and the level of participation in a project or activity.

CUSTOMIZE IT

Review, restructure, and rewrite your CV for each residency program application. Customize to a program's unique focus or characteristics.

GET EXPERT ADVICE

Examine CV samples for ideas on how to improve your own CV. Ask a mentor to review your CV or take advantage of review services at conferences or events held by your school or student organization.



For more tips and a sample CV, visit: aafp.org/cvtips

TABLE 3. ADDITIONAL DETAILS ABOUT THE ELEMENTS OF A MEDICAL STUDENT'S CV

| | |
|--|--|
| Personal Data | <ul style="list-style-type: none"> For consistency, give your name exactly as it appears in your medical school records. 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. 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. The following items should not be included in your CV: <ul style="list-style-type: none"> – Social Security number – License number – Examination scores <p>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.</p> |
| Education | <ul style="list-style-type: none"> List your current institution first on your CV, including: <ul style="list-style-type: none"> – Name of the institution – Degree sought or completed – Date of completion or date of expected completion Include medical school, graduate education and undergraduate education. Omit high school information. |
| Honors and Awards | <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> |
| Professional Society Memberships | <p>List any professional organizations to which you belong and the years of your membership. Include leadership positions held, if any.</p> |
| Employment Experience | <ul style="list-style-type: none"> List the position, organization and dates of employment for each work experience. Limit this list to experiences that are medically related (e.g., medical technician, nurse's aide, research assistant) or show the breadth of your work experience (e.g., high school teacher, communications manager). |
| Extracurricular Activities | <ul style="list-style-type: none"> List your outside interests, volunteer service and extracurricular activities to help develop a broader picture of your personality and character. 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. |
| Publications and Presentations | <ul style="list-style-type: none"> List any papers or posters you've published or presented, including: <ul style="list-style-type: none"> – Title – Name of publication or location of presentation – Date of publication or presentation Works accepted for publication but not yet published can be listed as "forthcoming." If this list is very lengthy, consider focusing on the highlights that most relate to your future goals. |
| Personal and Professional Interests | <p>Include any information demonstrating your passion and drive that might not have been captured in other sections.</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 gender identity, sexual orientation and pregnancy), 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 the Electronic Residency Application System

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

MyERAS will capture:

- Exam transcripts and honor societies
- Biographical information (self-identification, language, military experience and additional information, including hobbies or hometown)
- Education (including information about membership in professional societies like the AAFP)
- Experience (previous medical training, work experience, clinical and teaching experience, unpaid extracurricular activities, committees and volunteer service and whether medical training was interrupted or extended)
- Licensure (if applicable)
- Publications

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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 BOSENBROEK FEDORIW, M.D.,
CHAPEL HILL, NC

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, information needed to complete the ERAS application. Having this information before the dean's interview may reduce the 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 it available during interviews if the program requires it.
- 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.

Personal Statements

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 screen thousands of applications, and individual faculty members and residents will likely read hundreds of personal statements each year. They appreciate a statement that showcases your personality. A great statement is engaging, insightful and specific, capturing why you chose family medicine (in particular, this residency program) and why it is right for you. It should be written in your voice, making the reader excited to meet you.

SHOW YOUR EXPERIENCE

The personal statement is your opportunity to expand upon activities listed on your CV, but it deserves to be described so your reader can appreciate the breadth and depth of your involvement in those activities. It should not be another comprehensive list of your activities. Instead, 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 ambiguous in your CV, such as time off or an altered curricular journey. It is better to address these directly than to leave a program wondering.



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 chance to have your statement thoroughly read and absorbed. One anecdote is usually enough.

SHOW YOUR GOALS

The personal statement is the appropriate place to specify your professional goals. Describe clear, realistic and carefully considered goals that will give the reader a strong impression of your maturity, self-awareness and character.

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 positively, focusing on your path forward.

“ ”

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, M.D., M.P.H., CHICAGO, IL

SHOW YOUR COMMITMENT

Be sure to emphasize specific reasons for your interest in family medicine and 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 genuine interest and potential as a residency candidate by showing awareness of, or experience with, population health management, social determinants of health, team-based health care or other factors related to the specialty's impact and role in health care at a national level. Your personal statement should be unique, but reading these may help inspire your thinking about how you can best present yourself.

TIP

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

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 about writing concise patient histories in medical school. 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, more straightforward and less pretentious way of saying something, use it.
- Don't assume the reader knows the acronyms and abbreviations you use. As a courtesy, spell everything out.
- If you use artificial intelligence, do so only as a starter or to give you some options for phrasing.
- Use software to check grammar and suggest alternate wording, but don't get carried away to the point that it no longer sounds like you.

Get writing help if you think you need it. 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 that your personal statement is an original composition.

It's fine to get help from others or even to use some AI aides, but make sure your personal statement is your original work.

PERSONAL STATEMENTS IN ERAS

ERAS lets applicants create 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, your changes will likely go unnoticed.

Letters of Recommendation

Programs may ask you to submit both a personal and professional letter of recommendation. They can be valuable to program directors looking for distinguishing characteristics among the many applications they receive. LoR are an opportunity to emphasize factors that set you apart as a candidate and strengthen your application.

POTENTIAL LETTERS OF RECOMMENDATION AUTHORS

By the time you're in your third year of medical school, it should be a priority to identify LoR authors. The following are good options to choose from:

- Someone who knows you well, 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 on a rotation can write a stronger letter than the chair of the department, who may not have had much contact with you.
- Someone from a rotation that relates to your chosen field, in which you did well.
- 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 they can consult them for input, if necessary.

BEST PRACTICES FOR REQUESTING LoR

- **Follow instructions:** Residency programs might dismiss applicants who don't follow their application guidelines. Some programs specify certain departments or rotations from which the LoR originates or require a letter from a person not involved in the medical profession. It's especially important to 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 you're trying to make up for a deficiency in another area by overcompensating with many LoR. 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 plan to ask someone to write a LoR for you at the end of a rotation, let the potential author know upfront. During the rotation, they 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 they know you well enough to write a letter.
- **Plan ahead:** Request a letter at least several weeks before you need it. Faculty are busy, might be traveling or otherwise unavailable at 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 request a brief appointment to review your CV with them, if appropriate. Additional personal information may also be helpful, particularly if you remind the LoR author of a specific event or situation in which you think you performed well on their rotation.

LETTERS OF RECOMMENDATION IN ERAS

MyERAS allows you to request as many LoR as you deem necessary through the following three-step process:

1. Enter the LoR authors you've chosen into MyERAS.
2. The system generates a letter request form you can share with each author with a unique ID to upload a letter for you.
3. LoR authors register through ERAS on the Letter of Recommendation Portal. They use the letter ID provided on the form to submit completed letters online. New letters may be submitted on your behalf at any point during application season.

Please note: Most programs require three LoR per applicant.

In MyERAS, you select whether to waive your right to see completed LoR when they are submitted. Both program directors and LoR authors will be able to see your selection. 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 is a summary letter of evaluation from your medical school and is a required piece of your residency application. It is intended to provide residency program directors with an honest and objective summary of a student's salient experiences, attributes and academic performance.

The MSPE is comprised of six sections: Identifying Information, Noteworthy Characteristics, Academic History, Academic Progress, Summary and Medical School Information.

PREPARATION FOR THE MSPE

At many medical schools, creating an MSPE entails a meeting with your dean or their 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?
- Who 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 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 requires all participating specialty boards to have guidelines for professionalism as part of specialty certification and recertification. As a residency applicant, you will be required to answer questions concerning any felony or misdemeanor convictions. Health systems have different rules and standards to be onboarded as an employee, so check with the program for more information.

RESOURCES AND REVIEW

- Results of the 2024 NRMP Program Director Survey
www.nrmp.org/match-data/2024/08/charts-outcomes-program-director-survey-results-main-residency-match/
- AAFP Leadership Opportunities for Medical Students
www.aafp.org/membership/get-involved/awards-and-leadership-opportunities/leadership-students-residents/student.html
- The Robert Graham Center
www.graham-center.org/home.html
- The AAFP EveryOne Project
www.aafp.org/everyone
- AAFP Medical Student Membership (free for medical students!)
www.aafp.org/membership/join/student.html
- Society of Teachers of Family Medicine
www.stfm.org/join
- North American Primary Care Research Group
www.napcrg.org/Membership
- American College of Osteopathic Family Physicians Medical Student Membership
<https://www.acofp.org/acofp-membership/med-students>
- Writing a Curriculum Vitae for Medical Residency
www.aafp.org/students-residents/medical-students/become-a-resident/applying-to-residency/cv.html
- Association of American Medical Colleges CV template
<https://students-residents.aamc.org/managing-your-medical-career/preparing-your-curriculum-vitae>

KEY MESSAGES

Having a variety of family medicine experiences during medical school will help you decide what career is right for you and demonstrate to residency programs that you're interested in and committed to the specialty.

Seek opportunities to participate in extracurricular programs and groups that complement your medical school curriculum and strengthen your personal drive.

Look for ways to use your credibility and influence to advocate for family medicine, primary care, your patients and the societal issues you care about.

Write a personal statement that reflects a true understanding of family medicine and your passion for it. In family medicine, it is very important that students perform strongly on the second step of their licensing exams, as the application of clinical knowledge and patient interactions are fundamental in primary care.

Every application you submit to a residency program should include a personal statement. In your CV, SHOW YOUR PERSONALITY, EXPERIENCE, GOALS and COMMITMENT. It's very important that your personal statement is an original composition. Begin to identify LoR authors and request letters early.

SECTION 4: SELECTING AND APPLYING TO RESIDENCY PROGRAMS

What to Know About Family Medicine Residencies

There are more than 700 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 thoroughly 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 the 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 at www.acgme.org/Specialties/Family-Medicine/Program-Requirements-and-FAQs-and-Applications. 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 family medicine 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 in a practice and advance your career.

Programs have historically structured their curricula in one of two ways, both of which emphasize caring for a continuity panel of patients in the family medicine practice:

- A standard block schedule, with residents rotating through various specialty areas every few weeks (or more)
- A longitudinal approach with specialty experiences scheduled throughout the year 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.

Programs may have some version of their schedules available on the residency website. Before your interviews, you can browse the schedules to see if anything stands out or if you have specific questions (e.g., curricula, training sites).

NEW Family Medicine Residency Requirements

In the 2023-24 academic year, new residency accreditation requirements went into effect for family medicine after a major revision. Programs will continue shifting their schedules and innovating their curricula to meet the new requirements. These requirements allow for more flexibility, more elective rotations and more individualized learning plans for residents. It will be important to ask residencies about the new requirements and how they impact their curricula and schedules. Read more about the new requirements in AAFP News at <https://www.aafp.org/news/education-professional-development/2023-acgme-program-reqs.html>.

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

Residency Selection

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

“ ”

Key factors to evaluate include the mission and values of the program, their educational focus and curriculum and the community and culture of the program. It's important that you feel connected to the people you'll work with and the community you'll serve.

— MARGARET MILLER, M.D., M.P.H.,
SEYMOUR, TN

Stage 1: Identify your personal priorities and conduct preliminary research

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

Stage 2: Gather 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 you'd likely want to interview.

Stage 3: Interview with residency programs

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

Popular sources of information about family medicine residencies and the Match:

- AAMC
- Residency program websites
- Classmates
- Previous graduates
- Specialty organizations
- Residents
- Dean's office
- Career advising or student affairs department
- Family medicine department
- Social media (Instagram, X and Facebook are the most popular)
- Crowdsourcing sites like Reddit and Student Doctor Network (but beware of misinformation)

TIP

“ ”

Start with geography. Then, seek programs that share your passions. Search program websites to look at current residents in the program, their backgrounds, if they are committed to family medicine and if you share their passions. Go to the [AAFP FUTURE] 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, M.D., FAAFP,
PHOENIX, AZ

DO'S AND DON'TS OF RESIDENCY SELECTION

- **DO** ask the chair and other faculty members in your school's 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 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. Consider a residency based on attributes such as geographic location, curriculum, unique rotation/elective opportunities and community engagement rather than solely on the name recognition of the institution.
- **DO** look for the residency 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 the best program, and "best" is a relative term that means something different to everyone.
- **DO** consider contacting current residents to ask why they chose their programs and what other programs they considered. Many medical schools are willing to provide their graduates' names and residency locations.
- **DO** find out about alum practice settings and lifestyles from programs you're considering.
- **DO** talk to students who have rotated through a program or attended the institution with which a program is affiliated, if possible. They can give an objective perspective because they have no incentive for recruiting or discouraging you.
- **DO** consider applying to a larger number of programs if you have had academic or test-taking challenges, are applying to programs in popular geographic areas or are 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** apply to an excessive amount of residency programs because of concerns about the competitive nature of the Match. Most applicants in family medicine match successfully and most to a top-choice program.
- **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 and osteopathic manipulative treatment 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 may be open to both osteopathic and allopathic 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 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 at <https://apps.acgme.org/ads/Public/Reports/Report/17> to find programs with osteopathic recognition.

Programs may offer OPP/OMT training without holding the osteopathic recognition designation.

Before applying to residencies, M.D. students interested in pursuing OPP/OMT training in residency should research individual program requirements. Many programs require M.D. students to complete basic training in OPP/OMT — and possibly some assessment — before residency.

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 based on a single criterion?

Factors to Consider

- Academic reputation
- 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
- Opportunities for fellowship training in the same hospital
- Patient population (e.g., racial, gender-based, 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 the curriculum
- Type of institution

Whatever your criteria, let the rational assessment of your needs determine which options to pursue. Before you apply, review your list and determine whether there are programs you can eliminate based on new information or careful reconsideration.

The list of programs you ultimately apply to should not be excessive and should reflect programs that you'd truly like to explore deeper through an interview.

Use the blank table for weighting, rating and scoring programs you visit.



DESTINEY KIRBY – COLUMBIA/NYU

TABLE 4. Sample Modified Decision Tables

| Factors | Weight (W) | Program 1 | Rating (R) | Score (W*R) | Program 2 | Rating (R) | Score (W*R) |
|-------------------------|------------|---------------|------------|---------------------------|---------------|------------|-------------|
| Facilities | 8.5 | Comments here | 4 | 34 | Comments here | 7 | 59.5 |
| Electives | 7 | Comments here | 9 | 63 | Comments here | 4 | 28 |
| Curriculum | 8 | Comments here | 9 | 72 | Comments here | 9 | 72 |
| Faculty | 9 | Comments here | 7 | 63 | Comments here | 8 | 72 |
| Location | 10 | Comments here | 4 | 40 | Comments here | 9 | 90 |
| Community size | 2 | Comments here | 5 | 10 | Comments here | 8 | 16 |
| Total Score: 282 | | | | Total Score: 337.5 | | | |

| Factors | Weight (W) | Program 1 | Rating (R) | Score (W*R) | Program 2 | Rating (R) | Score (W*R) |
|-------------------------|------------|-----------|------------|---------------------------|-----------|------------|-------------|
| Facilities | | | | | | | |
| Electives | | | | | | | |
| Curriculum | | | | | | | |
| Faculty | | | | | | | |
| Location | | | | | | | |
| Community size | | | | | | | |
| Total Score: 282 | | | | Total Score: 337.5 | | | |

Residency Fairs

Attending a local, regional, national or virtual conference that features a residency fair allows you to learn a great deal about the options available to you in family medicine. While all family medicine programs must meet the same educational requirements, you'll find that each program offers something unique. Many students find that attending residency fairs helps narrow down the list of programs they want to apply to and meet other program representatives they wouldn't have met otherwise.

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 opportunities to:

- Explore basic questions about family medicine.
- Make connections to help find away rotations or other opportunities.
- 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 staff, 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 casual.

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 opportunities 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 hospital?
- What other residency programs are there at this institution, and how do you collaborate?
- 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? How are you evaluated?
- Do you feel adequately supported or mentored by program staff?
- Do you feel comfortable residing in the town and your current housing?

TIP

It's important to use vetted sources of information and be wary of information captured on third-party websites, such as Doximity or Reddit. Any information gathered from these sites should be verified. Many experts recommend not using them at all.

“ ”

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, M.D., M.P.H., CHICAGO, IL

Parallel Path Applying

While most students apply to programs in one single (or dual) specialty, some apply to programs in more than one specialty. In the academic community, this is called “parallel path” applying. For family medicine applicants, more than three-quarters apply only to family medicine.

Applicants considering parallel path applying may be happy and successful in more than one specialty — this is especially likely with students attracted to family medicine because of its wide scope. Family medicine also has the most residencies in the Match, as family medicine residencies are centered in communities of every size all over the country. Other specialties with a narrower scope have residencies only in large academic health centers in metropolitan areas.

While parallel path applying may make sense for some candidates, this strategy has some significant challenges. Match statistics demonstrate that candidates who rank more than one specialty are less likely to match as high on their lists or at all. Applicants who rank more than one specialty are more likely to match to their preferred specialty if they rank more programs in that specialty contiguously on their rank list, according to the NRMP’s “Charting Outcomes in the Match.”

Applying to more than one specialty can also be a red flag for programs. Applying in more than one specialty can be perceived as reflecting a lack of dedication. While Match rules prohibit programs from asking you about your other applications, it can also be challenging to be authentic and open if you’re trying to hide that you’re interested in more than one specialty.

Most importantly, your strategy should not be dependent on “backup” or “safety” programs or specialties. Everywhere you rank should be somewhere you plan to commit to for the duration of the residency and a career in that field. If you are having a hard time deciding, prioritize specialty exploration experiences early on in medical school to help make your choice.

If you choose to apply in more than one specialty and it becomes clear to you during the interview process that you are meant to be a family physician, you may want to notify the programs you interviewed with early on to make sure they are aware of your commitment to family medicine.

TIP

If you come to your specialty choice later in medical school, meet with an adviser to get advice about your application approach. If your medical school has a department of family medicine or family medicine faculty, connect with them to learn about opportunities to gain experience in family medicine and show your dedication.

“ ”

Programs want to know that you’re committed to their specialty and to their program. If you haven’t chosen a specialty, it can be a sign that you’re still figuring out who you are and what you’re about. It may be hard for a program to consider someone who is seriously unsure about their specialty.

— JOYCE HOLLANDER-RODRIGUEZ,
PROGRAM DIRECTOR, KLAMATH FALLS, WA

Navigating the Match

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. An adviser should help you create a strategic and realistic plan for residency application based on the following:

- Medical school performance in the family medicine clerkship and performance overall
- Exam scores
- Extracurricular activities
- Career plans
- Special circumstances

“ ”

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, M.D., M.B.A., FAAFP, WICHITA, KS

Resources for Every Stage

Stage 1

- Browse individual residency program websites and social media
- 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-education/directory/residency/search)
- Search for programs on social media to learn more about them
- Attend residency fairs at local, regional and national conferences, including AAFP FUTURE
- Attend residency virtual meet and greets and open houses

Stage 2

- Complete away rotations, if available, at programs of interest
- Talk with residency program alumni, community physicians or students at the institutions
- Attend residency fairs at local, regional, national and virtual conferences
- Narrow down the list of programs you would seriously consider and don't overapply

Stage 3

- Use a logical tool, such as a modified decision table, 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 the modified decision table, 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 in the AAFP app to curate and export a list of items to ask about during each interview.

Conferences and Events

AAFP FUTURE (formerly called National Conference of Family Medicine Residents and Medical Students)

July 31-August 2, 2025 | Kansas City, MO | www.aafp.org/future

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

September 12-13, 2025 | Naperville, IL | www.fmmidwest.org/

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 Annual Meeting

September 18-20, 2025 | Cleveland, OH | www.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 Conference on Medical Student Education

January 29-February 1, 2026 | Charlotte, NC | 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 or research.

AAFP Chapter Meetings

Your AAFP chapter 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. Learn more about AAFP chapters and join at www.aafp.org/membership/join/chapters.html, and AAFP members can access the chapter directory at <https://app.aafp.org/sf/s/searchdirectory?id=a233l0000020Q3X>.

Residency Directories

AAFP Family Medicine Residency Directory

In the "For Students" section of the AAFP app, as part of a comprehensive matching tool, the AAFP's residency directory is online at www.aafp.org/medical-education/directory/residency/search. The AAFP app provides more information than what other residency directories offer. The directory in the app is an interactive tool that allows you to find and favorite programs, take notes, rank residencies and more.

FREIDA™, the American Medical Association Residency and Fellowship Database®

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™ Tool

www.residencyexplorer.org

Residency Explorer is a newer tool from nine organizations involved in the Match process. It allows you to compare programs within your chosen specialty and see data about previously matched applicants at each program.

Accreditation Council for Graduate Medical Education 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

What is the Electronic Residency Application Service?

The Electronic Residency Application Service® is run by the AAMC and allows applicants to transmit residency and fellowship applications, LoR, deans' letters, transcripts and other supporting credentials to residency and fellowship programs and allows programs and applicants to coordinate interview offers and scheduling.

ERAS is not a matching service, and applicants who use it must do so in conjunction with one or more matching services, such as the National Resident Matching Program® Main Residency Match or the Military Match.

Find and review detailed information about using ERAS through the AAMC's ERAS Tools and Worksheets for Residency Applicants at **<https://students-residents.aamc.org/eras-tools-and-worksheets-residency-applicants/eras-tools-and-worksheets-residency-applicants>**.

“ ”

There is no one perfect place to find information about residencies. Each directory has a little bit different information, so I used them all and put it all together.

— MARGARET MILLER, M.D., M.P.H., SEYMORE, TN

Program Signals, Past Experiences and Geographic Preferences

As of 2024, medical students and graduates applying to residency now have a chance to provide a more comprehensive view of themselves and their passions, helping program directors accomplish a more holistic review. ERAS instituted the following three big changes for applicants:

- 1. Program signals.** During the application process, applicants can signal up to five family medicine residency programs to show their strong interest in the program.
- 2. Past experiences.** Applicants have the opportunity to highlight up to five meaningful life experiences that complement other parts of their application.
- 3. Geographic and setting preferences.** Location interest features allow applicants to indicate preferred training regions and/or community settings in their applications.

PROGRAM SIGNALS

Applicants can choose **five** family medicine residency programs to signal their preference at the time of **application**. Family medicine residency program directors have indicated that these signals may be an important piece of information to help bring candidates to the surface who are very serious about their programs. This signal strategy is called "small signals" in ERAS. Some other specialties use "large" and "two-tier" signal strategies. For family medicine, the "small signal" strategy has a goal of elevating applicants for their top programs of interest.

The AAMC suggests that when deciding where to signal, applicants are encouraged to consider:

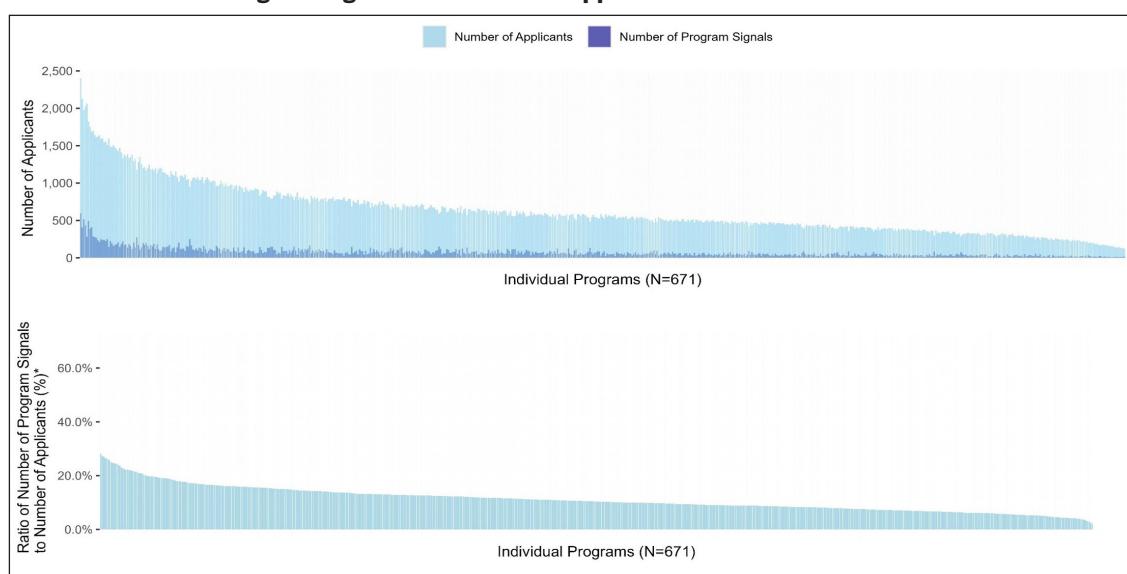
- Strength of their application
- Ultimate career goals
- Personal circumstances
- Mission and goals of the programs they're applying
- Advice of faculty and resident mentors

Although it is optional for residency programs to receive signals, most family medicine residency programs have

participated in signaling, with 671 of 755 programs participating in program signals in ERAS in 2025. Applicants can see in ERAS if a program accepts signals. Residency programs do not send signals to applicants, and if not signaled by an applicant, programs cannot see whether an applicant declined the use of signals altogether or just did not signal their program. They only see when their program was signaled by an applicant. Applicants will also be able to submit an essay explaining their preferences.

The vast majority of family medicine applicants use signals, and most family medicine residency programs choose to accept signals. The distribution of signals roughly follows the distribution of applications, meaning that in general, more competitive programs were also more competitive for signals. For family medicine, the top 10% of programs that received signals also received 29% of all signals. In the last application cycle, every family medicine residency program that accepted signals also received signals, with a minimum of four and a maximum of 596.

FIGURE 6. Ratio of Program Signals to Number of Applicants



The variation in signals received by programs means that programs used signal information differently. Programs that received signals from many of their applicants (or more than they typically interview) may have been more likely to use signals as a requirement for interview invitation. Programs that received fewer or a lower proportion of signals may have used signals to review applicants that they may not have offered interviews using their usual application review criteria. Most applicants used the maximum number of signals available to them.

The introduction of signals in the application process further emphasizes the importance of research to determine programs of highest interest before applicants apply.

SIGNALING PROGRAMS THAT KNOW YOU AS AN APPLICANT

The AAMC advises applicants to signal programs of highest interest, regardless of whether those programs already know them, such as their home institution or a program where they completed an away or sub-internship rotation. However, medical school advisors may advise students differently based on their institution's approach to signals. It is important to talk to your advisor to determine how you can leverage signals in the most helpful way for you as an applicant.

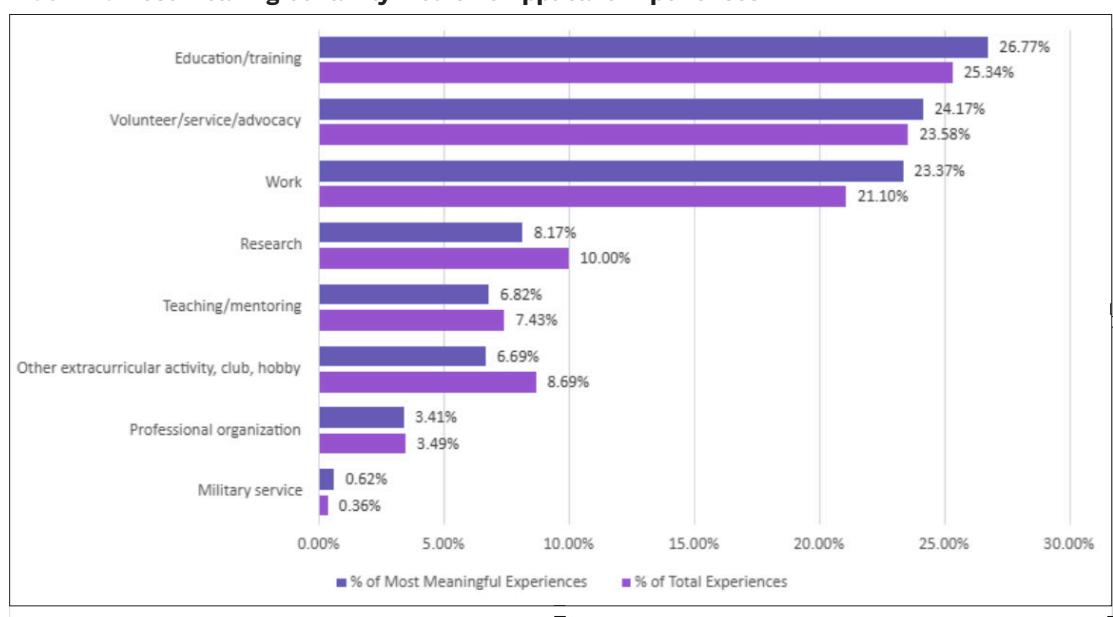
PAST EXPERIENCES

The past experiences section allows candidates to capture, in essay form, up to ten meaningful life experiences that complement other parts of their application. Residency programs can sort entries in this section as they screen applicants. The following describes features of the past experiences section:

- Applicants can designate up to **ten meaningful experiences** and provide short descriptions for each experience.
- Of those ten experiences, **up to three can be identified as most meaningful**, and applicants can include short descriptions of the reason for assigning this designation.
- Applicants can designate **“experience types”** with descriptive information (such as research, volunteer work, education/training, military service).
- Applicants can showcase **mission-focused characteristics** of their experiences (such as rural focus, key characteristics)
- Applicants may also describe an **“impactful experience”** such as a challenge or hardship that influenced their journey to residency. The AAMC suggests impactful experiences include family background, financial background, community setting and educational or life experiences, and are intended for applicants who have overcome major challenges.

In family medicine, the experiences most likely to be designated as most meaningful by applicants were Education/Training, Volunteer/Service/Advocacy, or Work experiences.

FIGURE 7. Most Meaningful Family Medicine Applicant Experiences



If you have a really important step or if you have an experience that really helped to shape your journey to this point where you're at right now, include that. It really gives the program a good sense of who you are and whether you are interested...and if you could thrive through residency.

— SARAH COLE, D.O., FFAFP, PROGRAM DIRECTOR, MERCY FAMILY MEDICINE, ST. LOUIS

GEOGRAPHIC PREFERENCES

The geographic preferences section gives candidates the opportunity to indicate their preference for or against particular geographic regions and urban or rural settings. Applicants can also indicate no geographic preference, which is shared with programs.

- **Geographic preferences** allow applicants the option to indicate a preference for up to three U.S. census geographic divisions.
- **Setting preferences** allow an applicant to indicate preferences for training in an urban, urban/suburban, suburban, suburban/rural or rural setting.
- Applicants can include a description as to why each geographic and/or setting selection was made. Applicants also have the option to indicate “**no preference**” for geographic divisions or training setting and explain this response.
- Programs **not** in an applicant’s selected region will **not** be able to see their preferred regions. They will be able to see if an applicant chose “no preference” and any information the applicant shared about this reason.
- Programs **will** be able to view the applicant’s setting preferences.

FILTERS FOR PERMANENT ADDRESS

Programs have the ability to filter by an applicant's county, state, city, postal code and setting as of 2024. Applicants may wish to choose a permanent address that best aligns with their geographic interests.

The ability to use program signals, past experiences and geographic preferences are features meant to help applicants be more selective about the programs they wish to apply.

The AAMC provides detailed guidance for using ERAS, including guides, webinars, videos, templates and tips at <https://students-residents.aamc.org/applying-residencies-eras/applying-residencies-eras-system>.

Visit the AAFP website for additional guidance on leveraging ERAS features for family medicine applicants at www.aafp.org/students-residents/medical-students/become-a-resident/applying-to-residency/signaling-geographic-preference-and-past-experience.html.



SECONDARY APPLICATIONS

Some programs use their own secondary applications to gain additional information about candidates. These program-specific applications are distributed after the ERAS application is submitted. Interviews would then be offered only to candidates after the secondary applications are reviewed. Pay close attention to requests to complete secondary applications and the timelines requested by programs since this is an extra step in the process.

“ ”

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, M.D., KLAMATH FALLS, OR

Determining the Number of Programs to Apply

Be sure you have personal, tailored and expert advice as you navigate the process of matching to a family medicine program. In recent years, many changes in the residency application process, and society at large, have resulted in an overcorrection in which applicants apply to too many programs which causes 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 and poorer Match outcomes result for both applicants and programs. **Unfortunately, there is no magic number of programs to apply to.** A trusted adviser or faculty member familiar with the current Match environment is likely your best source for guidance.

Data can also help inform your application strategy. ERAS statistics show the average number of applications in family medicine for U.S. M.D. students is about 30; for D.O. students, it is about 43; and about 47 for international students and graduates. These figures are significantly higher than applications in the previous decade, when 15-26 applications were sufficient for a very high likelihood to match for a U.S. medical student. All specialties saw "application inflation" in the early 2010s, causing artificial competition, increasing

applicant costs and decreasing match efficiency. In 2024, most specialties, including family medicine, had a decreased number of applicants and applications per applicant, hopefully a result of organized efforts to curb the trend of "application inflation."

To determine the number of programs to apply, work with an advisor from your school's family medicine department or someone who knows the family medicine residency environment well. Consider your own application credentials, the geographic region you're considering, the competitiveness of programs you're applying, whether you are a couple matching together and other factors that could impact your success.

RESOURCES AND REVIEW

- AAMC ERAS Tools and Worksheets for Residency Applicants
<https://students-residents.aamc.org/eras-tools-and-worksheets-residency-applicants/eras-tools-and-worksheets-residency-applicants>
- AAFP How to Use Signaling, Past Experience, and Geographic Preference in Residency Applications
www.aafp.org/students-residents/medical-students/become-a-resident/applying-to-residency/signaling-geographic-preference-and-past-experience.html
- NRMP Average Length of Rank Order Lists (ROL)
www.nrmp.org/wp-content/uploads/2023/03/ROL-Length-Data_2023-Final.pdf

FURTHER 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 **applicant user guide** that provides a wealth of information at <https://students-residents.aamc.org/applying-residencies-eras/publication/2024-myeras-applicant-user-guide>.

The ERAS website has a frequently asked questions section at <https://students-residents.aamc.org/eras-tools-and-worksheets-residency-applicants/eras-residency-applicants-faq> and a support desk at www.aamc.org/contact-eras.

A circular green icon with the word "TIPS" in white, bold, sans-serif capital letters.

- Leverage your ability to customize certain application documents for different programs, especially your personal statement and LoR. Show them why you would be a good fit for their specific program.
- Show your commitment to family medicine by naming family medicine specifically in your core application, not only on customized elements of the application.
- Check residency programs where you are applying to ensure you fully understand their application requirements.
- Start your application early and submit it the day applications open. You can apply to more programs later in the cycle if you need to, but residencies will pay the most attention to applications received in the initial wave.
- After you apply, monitor and quickly respond to interview offers or requests for supplemental application information.
- An ERAS token is required to register, but the process of obtaining a token differs for U.S. and international applicants. International medical students should visit the Educational Commission for Foreign Medical Graduates or Canadian Resident Matching Services for their tokens, while U.S. students receive them from their designated dean's office.

SECTION 5: INTERVIEWING AT RESIDENCY PROGRAMS

Residency Interviewing

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 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 meet your potential colleagues and mentors.

The goals of the interviewers during the 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 try to put your best foot forward, the residency program representatives want to show their program in the best possible light without painting a misleading picture. Like you, your interviewers are shaping their ROL of candidates for the Match.

Conveying compatibility with the program goes beyond making a good impression. In a sense, you are “trying on the program” or demonstrating to the faculty and residents of the program that you would be a good fit for the program. You may want to think of your interview as an exercise in roleplaying, with you in the role of a recently matched resident in that program. But keep in mind that roleplaying is not the same as acting. Be sincere in your eagerness to charm and impress your interviewers. Your interviewers want to find out who you really are.

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

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.

It doesn't serve anyone's purpose for you to give a false impression. By thinking about what the interviewers are trying to get out of the interview, you can anticipate their questions and be ready with answers that are well thought out.

“ ”

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

— KARLY PIPPITT, M.D., FAAFP, SALT LAKE CITY, UT

Virtual Interview Formats

Virtual and hybrid interviews have become popular in recent years. Most AAFP student members who have gone through the Match in recent years also report preferring virtual and hybrid interview options.

The following are virtual application and interview structures you may encounter:

- **Virtual interview days:** Virtual interviews are the most common interview format in family medicine. These interviews involve spending multiple hours in a row engaged with the program in video conferences and likely spending time with a group of candidates learning about the program. Many programs will have a variety of experiences, such as informal conversations with residents, structured interviews with the director and key faculty and tours or guided information sessions. Some programs will also offer an optional informal virtual event, like an evening virtual session before the interview.
- **Standard interview questions:** Some programs may ask you to respond to standard interview questions, record your responses and submit them. These one-way interviews are most likely to be part of the secondary application process or used in conjunction with live interviews.
- **Asynchronous video interviews:** In this format, interview components are offered in separate sessions, and you may sign up for different interview steps at different times and days.
- **Second look:** With the rise of virtual interviews in recent years, more programs are structuring interviews using a hybrid model, conducting the main interview virtually and offering applicants the opportunity for a “second look” to visit the program in person. Take advantage of the invitation if you think a second look would help.

Programs may interpret your interest in coming back as an indication of your enthusiasm for the program, but second-looks are not supposed to impact ranking decisions. Historically, some programs have discouraged second looks, interpreting an applicant’s request as a sign of a lack of confidence in the program after the first visit. It is important to ask about follow up and next steps before concluding your main interview components to understand the opportunities to continue your engagement with that program.

TIP

The AAMC offers a collection of resources on virtual interviewing, including tips for students on interview formats, identifying a suitable environment, setting up (including technology), practicing and responding to questions at <https://students-residents.aamc.org/applying-residency/virtual-interviews-applicant-preparation-guide>.



TAREE CHADWICK – SWEDISH FIRST HILL

“ ”

Interviews are both about how you represent yourself and how you capture the information you care about learning about the program. Use behavioral and situational questions. Prepare your space, introspect first, listen and ask questions second.

— MARGARET MILLER, M.D., M.P.H., SEYMOUR, TN

“ ”

It's very exciting and stressful time, so be true to yourself... you are going to meet a ton of really amazing, cool, fun family medicine docs...and you're going to make connections that you'll remember for a long time. While this process is exhausting, it's super fulfilling. Almost every applicant reflects back and says that it was really a wonderful experience to kick off their specific specialty training in family medicine.

— ANNIE RUTTER, M.D., M.S., FAAFP, ALBANY MEDICAL COLLEGE

Interview Scheduling Tips

Most programs participating in the NRMP will schedule interviews between September and January. You'll hear some difference of opinion as to whether it's better to be one of the first, middle or last candidates that a program interviews, but there is no evidence to indicate 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, 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, run out of time, money or interest and drop interviews late in the season.
- **Take every interview seriously:** Don't treat any interview as a "practice interview." This is a waste of your and the program's time. Make sure any program you accept an interview with is one you're seriously considering.
- **Confirm the details:** Contact programs the week before to confirm the place and time of your meeting(s), find out who you're going to meet and logistical details, like virtual interview platform or travel specifics.
- **Practice:** Don't underestimate the value of practicing answering and asking interview questions. Often, faculty in your school's family medicine department or a local family medicine residency will be willing to rehearse with you. See if your school's FMIG offers interview preparation. Or ask a friend, classmate or better yet a family medicine faculty member to roleplay interviewing. It will make you much more comfortable for the actual interviews.
- **Allow ample time:** Typically, an in-person interview will take several hours and include dinner or an informal virtual gathering with residents, and potentially faculty, the evening before. For an in-person visit, allow some extra time to tour the community and experience 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 them. 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 to 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 one 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 your interview. It also includes a tool that allows you to curate and export a list of questions to ask during your 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, M.D., M.A., FAAFP, JACKSON, MS

Preparing for Interviews

WELL-BEING

The pressure of the Match process can feel overwhelming. Interview season is a common source of stress, particularly from a time-management standpoint. Arranging flights and rentals, preparing for multiple interviews and spending hours and days interviewing can make it difficult to practice self-care or feel present in your daily life.

Although the Match is a high-stakes period, the following tips can help 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 anywhere, remind yourself what you’re most proud of accomplishing during medical school and reflect on how 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 know you well and are champions for your success.



BALEY HELTON – HCA HEALTHONE

- **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.

AAFP Member Resources for Well-being

As an AAFP student member you can access tools from the AAFP Physician Health First initiative, including:

- AAFP Physician Health and Well-being Conference
www.aafp.org/events/physician-health-and-well-being-conference.html
- Resources for personal skill development for well-being
www.aafp.org/family-physician/practice-and-career/managing-your-career/physician-well-being.html
- AAFP Your BRIDGE to Better: Student Well-being Webinars
<https://aafp.maplelms.com/course/view.php?id=1959>

Budgeting

Estimating and tracking your expenses before and during interviews will help you see where you can save money and limit expenses, but sometimes 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.

- Attend residency fairs, like AAFP FUTURE, where you can meet more than 400 programs in one trip!
- Don't spend money applying to or interviewing at more programs than you need to.
- Don't go on an interview if you wouldn't realistically rank the program. It's a waste of money and time.
- Coordinate in-person 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. They might not need or want to visit every program with you.
- Ask residency programs that invite you to interview about their arrangements for interviewees. Family medicine programs are more likely than some specialties to offer assistance and support for travel-related expenses.
- 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 risk not having it once you arrive.

TIPS

Interview Questions

Be prepared to:

- **Answer the following questions:**

- Who are you, and what are you about?
- Why did you choose family medicine?
- Why did you choose to apply for this residency?
- What are your strengths?
- 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?

- **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."

- **Adjust to different interviewing styles.**

- **Have questions ready in order to “interview yourself” in case 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 answering questions you've been asked in multiple interviews. Jumping in too soon after an interviewer finishes a question can make your response seem canned.

- **Answer behavioral interview questions,** 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.

- **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 if they say, "Yes, we can offer experience in that area of interest," then, you could ask, "Can you give me an example of a resident who has done this and what it looked like?" You're interviewing the program too, so it is appropriate to ask for examples and anecdotes to follow up on answers to your questions.



MICHAEL PERSINGER – UNIVERSITY OF COLORADO

“ ”

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, M.D., FAAFP, CHICAGO, IL

DO YOUR RESEARCH

Before your interview, do some research to find out:

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.

Names of your interviewers

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

Information about the community

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

“ ”

A helpful question to ask on interviews: 'What are graduates of your program doing after residency (fellowships, obstetrics, academic medicine, hospital medicine or whatever else you might want to do)?' That will tell you whether or not graduates feel comfortable doing some of those things.

— CHANDLER STISHER, M.D., HUNTSVILLE, AL

ASKING THE RIGHT QUESTIONS

Always bring a list of your own questions to an interview. Write these down or save them in a 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 particular interests. Also, be aware of what the program has publicized 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

At the end of this section, 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 to determine if it fits your preferences. The lists of 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
- Care of people who are pregnant

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

TIP

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 the 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 the faculty?

There is a huge variety in culture, people and values, so I focused my questions on better understanding those things.

— GRACE OLIVER, M.D., 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 individuals 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 allotted for each person. **Remember, faculty and staff members 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 unstructured time, spend it in places with residents. This will give you a better feel for the actual working environment.

Remember, your goal for the interview is to establish the right frame of mind. Without being overbearing or insincere, you want to project a positive, confident and enthusiastic demeanor.

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

Interview Basics

- Before logging on or leaving your house or hotel room, make sure you have everything you need for the interview (e.g., notes, paper, pen, tablet, laptop, 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 clothes don't need to be expensive. Wear what makes you feel confident. If your interview includes an in-person tour, come prepared for the possibility of a lot of walking.
- If your interview is virtual, make sure you're still dressed well. It will help you be confident and convey your professionalism. Ensure you have reliable internet access, that you will be uninterrupted and that your lighting and surroundings are clear and not distracting.
- 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. If your interview is virtual, ensure software is working on your device and that you can get logged on.
- Be kind, courteous and professional with everyone you meet, including the office staff, faculty, residents and anyone associated with your visit. 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 group and teambuilding activities, 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. Programs need 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 appealing 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 5 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 plan also include:

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



ALLISON ZAMORA – RIVERSIDE REGIONAL MEDICAL CENTER

TABLE 5. 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 |
| 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 |

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, M.D., Klamath Falls, OR

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, M.D., M.P.H., CHICAGO, IL

Taking Notes on Your Interview

Using some standard questions in all 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 discussion during the interview. Instead, capture your impressions right after the interview. It's also a good idea to take notes throughout the day to jog your memory about significant comments, concerns, particularly good points or particularly bad points.

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 gender identity, sexual orientation and pregnancy), 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 childcare. The federal prohibition against discrimination on the basis of sex includes discrimination on the basis of pregnancy and childcare.

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 childcare. Federal regulations provide protection of your job for 12 weeks of maternity/paternity leave. The ACGME requires all accredited programs to have leave policies that include a minimum of six paid weeks off for medical, parental and caregiver leave, and residents are eligible for this from the first day of employment. For eligibility to sit for the family medicine board exam at the end of training, the American Board of Family Medicine will allow up to 12 weeks away from a program in a given academic year without requiring an extension of training as long as the program director advises the resident is ready for advancement. State regulations may provide for more than 12 weeks of leave, so be sure to check the regulations in the state of each program 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.

“ ”

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, M.D., TUCSON, AZ



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.

A sample residency interview checklist

checklist created by J. Mack Worthington, M.D., of the Department of Family Medicine at the University of Tennessee, Knoxville, is included in this section. It was developed specifically for the evaluation of family medicine residencies.

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 individuals with whom you interviewed to recognize their hospitality and to reaffirm your interest in the program if this is authentic and manageable for you. It is not necessary, and for most programs, it does not affect rank list decisions.
- **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, particularly if one of your interviewers — most likely, a resident — has invited you to contact them for more information.
- **DO** complete all materials in the ERAS and the NRMP, and have current contact information available, including address, phone number(s) and email.
- **DO** understand that if the program invites you for a second visit, your participation should not have a bearing on the program's ROL.
- **DO** be careful about sharing your ROL with others, including classmates, residents, 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 generic emails to program directors or residency faculty. If you decide to send communication after your interview, make it 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 social media regarding your interviews.

Knowing NRMP rules that govern the matching process and your rights and responsibilities under the Match Participation Agreement will help you professionally navigate the Match. The NRMP has developed a list of tips for the Match, available at www.nrmp.org/about/news/2024/09/residency-applicant-welcome-newsletter/.

Ranking Residency Programs

After completing 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 to certify your ROL 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 time to consider 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 feel confident that you will match to your top choice, listing only one program will decrease your chances of matching.
- **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. Ranking a competitive program first won't negatively influence your chances of matching to 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, 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 them 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 consider that perhaps the 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.
- **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 get frustrated if this is necessary. It's better to put in a little extra legwork now than to have lingering doubts later.

In 2024, the average length of ROLs for matched applicants were:

- 13.95 for U.S. M.D. seniors
- 13.42 for DO seniors
- 9.98 for international medical seniors/graduates

ROLs are due in late February or early March 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 more of a fit over another. **If you've been open-minded throughout the interview process and have done your research, trust your instincts as you rank programs.** Also, know that whatever the outcome on Match Day, you'll ultimately end up on your path to becoming the physician you've always wanted to be.



RESOURCES AND REVIEW

- AAMC collection of resources on virtual interviewing
<https://students-residents.aamc.org/applying-residency/virtual-interviews-applicant-preparation-guide>
- AAFP Physician Health and Well-being Conference
www.aafp.org/events/physician-health-and-well-being-conference.html
- Resources for personal skill development for well-being
www.aafp.org/family-physician/practice-and-career/managing-your-career/physician-well-being.html
- NRMP tips for the Match
www.nrmp.org/residency-applicants/get-ready-for-the-match
- The “For Students” section of the AAFP app offers tools to track programs you’re interviewing with, take notes and rate programs after your interview. It also includes a tool to help you curate and export a list of questions to ask.



DEREK SOUTHWICK – INDIANA UNIVERSITY



LAUREN HAVENS – UNIVERSITY OF PENNSYLVANIA

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

(B) Negative

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 **you do not see answered on the program's website**, 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 onsite?
- 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 a 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 your life 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 a 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 your family medicine residency:

- Describe your personal fellowship interests and 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 detrimental to 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?

- Whom 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 its importance in 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 program's curricular requirements? What arrangements could potentially be made for a resident who wanted to [describe your interests]?

QUESTIONS ABOUT OSTEOPATHIC MANIPULATIVE TREATMENT

Not all residencies offer osteopathic manipulative treatment training, 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?
- What opportunities does the program have for OMT procedures?
- Does the program bill for OMT?

QUESTIONS ABOUT PROCEDURAL SKILLS

The AAFP reviews and endorses educational competencies, including procedural skills, as defined by the ACGME in the AAFP's Family Medicine Curriculum Guidelines (www.aafp.org/students-residents/residency-program-directors/curriculum-guidelines.html).

It 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 in procedures 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 related 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?
- 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 the 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 SDOH, 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 ANTI-RACISM, DIVERSITY AND INCLUSION

Residency applicants reflect what's important to them in the questions they ask. Addressing anti-racism, diversity and inclusion in your interview allows you to learn about what you may expect or experience at a program. It also allows you to convey to residency programs that this is an important issue they need to be actively addressing. Use the following questions to learn more about how a program addresses diversity, equity and inclusion:

- What has your program done to join the anti-racism cause?
- What training and experiences are required and/or offered for residents to understand and address their implicit biases?
- How does your program ensure diversity in its recruitment?

- How does your program support residents and faculty who are underrepresented in medicine?
- Could you give me an example of how your program has supported a resident who has experienced discrimination by patients or colleagues?

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 the program's 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?
- How does your program support residents with children and families?

QUESTIONS ABOUT THE CARE OF PATIENTS WHO ARE PREGNANT

Family medicine residencies require that all residents have exposure to and experience in obstetric care, including uncomplicated vaginal deliveries. Beginning in 2023, there are two tiers of requirements for residents delivering babies. All residents will need to have 20 uncomplicated vaginal deliveries, while residents planning to practice the care of patients who are pregnant and deliveries independently will need to have more and broader patient experiences. Use the following questions to ask about women's health and obstetric-gynecological care in the program:

- Which obstetric procedures are available in the program?
- What are the learning processes for training in OB?
- Which faculty members teach obstetrics?
- If there is an (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 they accomplished that goal?
- Does the program participate in Reproductive Health Education in Family Medicine 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?

SECTION 6: APPLYING AS AN INTERNATIONAL MEDICAL GRADUATE

Who Is an International Medical Graduate?

An international medical graduate is 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 or the AOA.

The location/accreditation of the medical school, not the citizenship of the physician, determines whether the graduate is an IMG. U.S. citizens who graduate from medical schools outside the United States are considered IMGs. Non-U.S. citizens who graduate from medical schools in the United States are not considered IMGs.

Effective July 1, 2025, medical education programs in Canada will no longer be accredited by the LCME, and the Committee on Accreditation of Canadian Medical Schools will become the sole accrediting body. This means that individuals who graduate from Canadian medical schools on or after July 1, 2025, will be considered IMGs for the purpose of entry into graduate medical education programs in the United States. In the absence of LCME accreditation for Canadian medical education programs, Canadian medical school graduates will establish their eligibility for USMLE and ACGME-accredited residency programs through Educational Commission for Foreign Medical Graduates Certification, as outlined below and in the following pages.

Educational Commission for Foreign Medical Graduates

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

Before students can apply for ECFMG Certification, they need to obtain a USMLE/ECFMG identification number. This identification number will be used throughout the application process.

Both medical students and graduates can begin the ECFMG certification process. However, because one of the certification requirements is verification of a final medical school diploma, the process cannot be completed until after graduation.

Requirements for ECFMG Certification

MEET MEDICAL EDUCATION CREDENTIAL REQUIREMENTS

As an IMG, you must be certified by the ECFMG before starting a graduate medical education program or taking the USMLE Step 3. To certify an IMG, the ECFMG must be able to verify the following credentials:

- Physician's medical school and graduation year listed in the World Directory of Medical Schools, stating that the school meets ECFMG eligibility requirements in the Sponsor Notes tab

- Credit awarded for at least four credit years of medical school
- Documentation for completion of all credits and receipt of a final medical diploma
- Final medical school transcripts

APPLY FOR ECFMG CERTIFICATION

The application for ECFMG certification includes an online application and the Certification of Identification Form (186), which verifies the applicant's identity, contact information and medical training.

To apply for certification, you must:

- Check the World Directory of Medical Schools at www.wdoms.org to confirm that students and graduates from your medical school are eligible to apply to the ECFMG. Starting in 2024, international medical schools must be recognized by their country's national or regional accrediting agency, which then must be recognized by the World Federation of Medical Education. All students and doctors registered with the ECFMG before 2024 will be grandfathered into the process.
- Request a USMLE/ECFMG identification number from the ECFMG at <https://secure2.ecfmg.org/usmleidrequest/usmleidrequestnavigator.aspx>.
- Use your USMLE/ECFMG identification number to complete the application for ECFMG certification
- Submit your application for certification before applying to the ECFMG for examination

MEET EXAMINATION ELIGIBILITY REQUIREMENTS

IMG applicants are required to take and pass USMLE Step 1 and Step 2 (CK), as well as complete an ECFMG Pathway. Applicants who have previously passed the former USMLE Step 2 Clinical Skills (CS) do not need to complete an ECFMG Pathway.

Once you meet the examination eligibility requirements, you can apply for the required examinations, 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 Clinical Knowledge:** Assessment of knowledge of clinical science

Detailed information on the USMLE is available at www.usmle.org.

The Federation of State Medical Boards 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/.

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

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.

Timing is Everything

It is recommended that you begin this process early to ensure you'll have all your results by the time you apply to residency. You'll need to plan for each of the required applications, tests and steps to be completed in order and in time for reporting.

ELIGIBILITY FOR ECFMG PATHWAYS

International students and graduates must also meet eligibility requirements for ECFMG Pathways, a program that assesses clinical and communication skills required for ECFMG certification. These requirements went into effect in 2020, and the sequencing and timing have been challenging for applicants. **It's important to review these requirements and start the process by your third year of medical school.**

In the 2025 Match, there are six pathways an international student or graduate could take to meet U.S. residency application requirements:

- Pathway 1: Already licensed to practice medicine in another country
- Pathway 2: Already passed an Objective Structured Clinical Examination (OSCE) for medical licensure administered by an acceptable medical school
- Pathway 3: Medical school accredited by agency recognized by World Federation for Medical Education
- Pathway 4: Medical school accredited by agency that has received a determination of comparability by the National Committee on Foreign Medical Education and Accreditation

- Pathway 5: Medical school issues degree jointly with a U.S. medical school accredited by the LCME
- Pathway 6: Evaluation of clinical patient encounters by licensed physicians (for applicants who do not meet eligibility requirements of the other pathways)

Visit www.ecfm.org for detailed information about pathways, application and certification timelines and to find the path that best fits your situation.



RICHARD EASTERLING – LANCASTER GENERAL HOSPITAL

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-education/directory/residency/search 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 AMA Residency and 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 for more information.

The 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 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 at www.ecfmg.org/eras or contact the ECFMG at eras-support@ecfmg.org to learn procedures for obtaining an ERAS token. ERAS tokens for IMGs become available beginning in June.

REGISTER WITH THE NRMP

The 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/how-to-register.

Since 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 that they 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 submitting 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. Some residency programs limit the number of years since graduation for applicants (e.g., 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 FSMB publishes state-specific requirements for initial medical licensure. This information is available at 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?

IMGs who are not citizens or lawful permanent residents must obtain the appropriate visa to participate in U.S. graduate medical education programs.

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 U.S. Department of State also authorizes the ECFMG to sponsor non-U.S. 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/match-data/2024/08/charting-outcomes-characteristics-of-international-medical-graduates-who-matched-to-their-preferred-specialty-2024-main-residency-match/.

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 serve underserved populations.

In 2024, IMGs made up 31.7% of NRMP matches in family medicine. More than half (51.5%) of IMGs who enter family medicine residency training are 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)

DO'S AND DON'TS FOR IMGS

DO: Highlight your dedication and determination by including meaningful activities and experiences in your application. Focus on ongoing activities

versus non-recurring activities and personalize them to include rotations that resonated with you.

DO: Make sure your LoR mentions family medicine, specifically. Make sure to ask authors for a good letter that specifies that you're applying to family medicine.

DO: Be prepared to discuss and explain what is in your application, including any research projects.

DO: Tailor your personal statement to showcase your passion for family medicine and who you are.

DO: Keep in mind that everyone you meet with from the program, formally or informally, is a part of the interview process.

DO: Be professional and engaged during your interview. Have questions that are tailored to that specific program and the specific role of the person you are interviewing with (e.g., program directors, residents, etc.).

DO: Increase your chances of matching by making sure you meet the criteria listed on the program's website, rather than asking during the interview. Keep in mind that programs are interested in applicants who align with their mission and patient care priorities (language, culture, region, etc.)

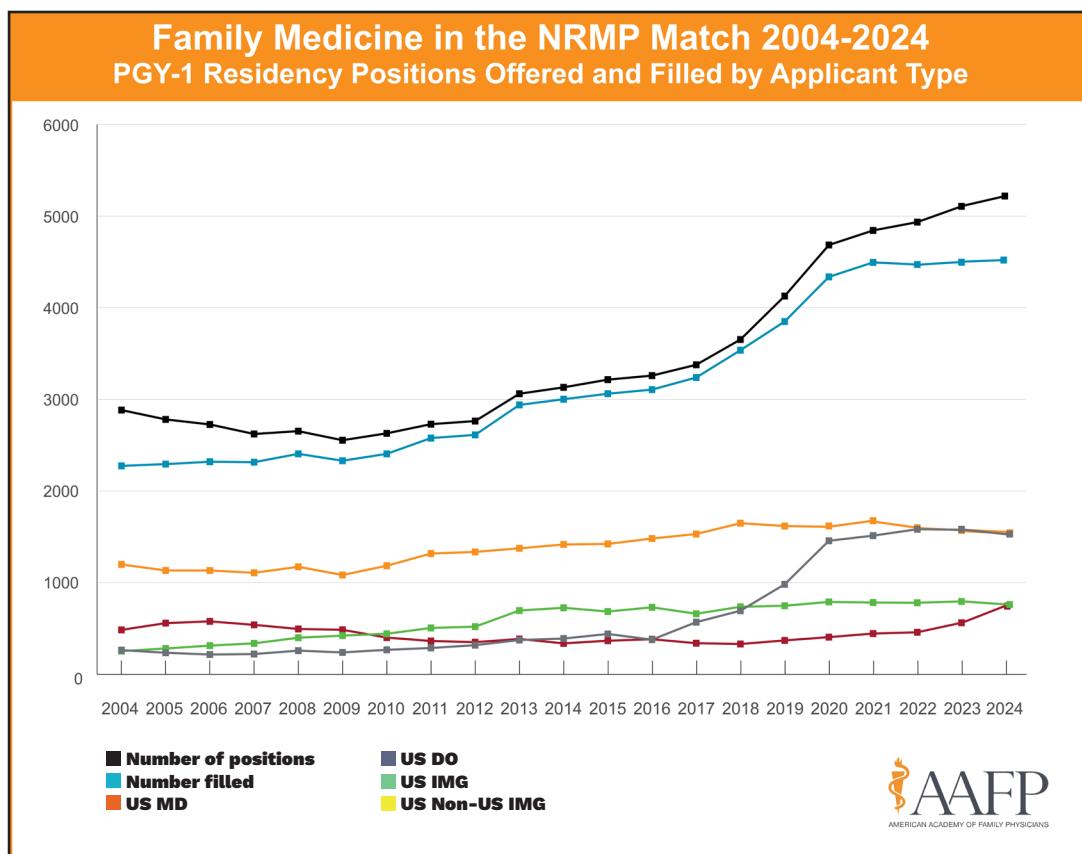
DO: Engage in hands-on clinical rotations so that programs know that you are ready to think independently and critically when you start residency.

DO: Be prepared with at least one final question to ask at the end of the interview.

DON'T: Hide information. Reframe negative experiences and/or struggles to show your resilience and focus on what you've learned.

DON'T: Apply to family medicine as a "back-up." Residency programs are looking for students who are passionate about family medicine.

FIGURE 8. Family Medicine in the NRMP Match, 2004-2024



Graph created by the American Academy of Family Physicians. Data are sourced from the National Resident Matching Program as of Match Day each year and do not include positions filled in the Supplemental Offer and Acceptance Program or through the American Osteopathic Association Intern/Resident Registration Program.

RESOURCES AND REVIEW

- It's crucial to verify your eligibility within each U.S. state and to each program before you apply for the USMLE.
- To ensure you'll have all your results by the time you apply to residency, you'll need to plan for each of the required applications, tests and steps to be completed in order and in time for reporting.
- IMGs who are not citizens or lawful permanent residents must obtain the appropriate visa to participate in U.S. graduate medical education programs.
- Leverage your network and speak with classmates/friends who have already matched
- Maximize 4th year electives/sub-internships at targeted residencies
 - Gain experience in U.S hospitals
- Get involved with your school's FMIG
- World Directory of Medical Schools
www.wdoms.org
- To request a USMLE/ECFMG identification number from the ECFMG
<https://secure2.ecfmg.org/usmleidrequest/usmleidrequestnavigator.aspx>

- FSMB listing of state-specific requirements
<https://www.fsmb.org/step-3/state-licensure/>
- USMLE
www.usmle.org
- ECFMG
www.ecfmg.org
- ERAS Support Services
<https://www.ecfmg.org/eras/index.html> or eras-support@ecfmg.org
- NRMP detailed applicant registration steps
www.nrmp.org/applicant-registration/
- NRMP's report, *Charting Outcomes in the Match for International Medical Graduates*
www.nrmp.org/wp-content/uploads/2022/07/Charting-Outcomes-IMG-2022_Final.pdf
- AMA IMG toolkit
www.ama-assn.org/education/international-medical-education/international-medical-graduates-img-toolkit-introduction

VIDEO OVERVIEWS

- NRMP Match Process for IMGs
https://youtu.be/afYMtWSKSNQ?si=HHivKY_H9eeaQrl9
- 2024 IMG ECFMG changes
<https://youtu.be/GiqqVkiSCCA?si=Z7KE8wA9axYJYcmo>
- Timeline and checklist for 2024 Match cycle for IMGs
<https://youtu.be/AFOhGKlldtY?si=QAzs8-uxPdaDk4P8>

RESIDENCY DIRECTORIES

- The AAFP Family Medicine Residency Directory
www.aafp.org/medical-education/directory/residency/search
- FREIDAT™, the AMA Residency and Fellowship Database
www.ama-assn.org/life-career/search-ama-residency-fellowship-database
- The ACGME Graduate Medical Education Directory
<https://apps.acgme.org/ads/Public/Programs/Search>

GENERAL IMG RESOURCES

- NRMP, International Medical School Students and Graduates in the Match: What You Need to Know
www.nrmp.org/wp-content/uploads/2024/05/NRMP-PDF-IMG-Eligibility_Final-2025.pdf
- AAFP IMG Member Interest Group
<https://connect.aafp.org/communities/community-home?CommunityKey=d9d3fde0-8624-4cde-8a3d-7368314b960b>
- AAFP IMG Resources
www.aafp.org/membership/welcome-center/involve/connect/constituencies-forums/img.html
- AAMC ERAS Timeline for IMG Residency
<https://students-residents.aamc.org/applying-residency/article/eras-timeline-img-residency>
- ECFMG Information Booklet
www.ecfmg.org/2025ib/
- The ECFMG Reference Guide for Medical Education Credentials
www.ecfmg.org/resources/reference-guide.html



- The ECFMG Reporter (free newsletter)
[**www.ecfmg.org/reporter**](http://www.ecfmg.org/reporter)
- FSMB
[**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)
- AAMC ERAS
[**www.aamc.org/eras**](http://www.aamc.org/eras)
- ECFMG
[**www.ecfmg.org**](http://www.ecfmg.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)
- NRMP
[**www.nrmp.org**](http://www.nrmp.org)

SECTION 7: GENERAL RESOURCES

ONLINE RESIDENCY DIRECTORIES

- AAFP Family Medicine Residency Directory
www.aafp.org/residencies
- ACGME Program Search
<https://apps.acgme.org/ads/Public/Programs/Search>
- AAMC Residency Explorer Tool – Explore and compare your profile to applicants who matched at each program
www.residencyexplorer.org/Account/Login
- AAMC FindAResident Search Tool—Assists programs with filling unanticipated vacancies and helps applicants identify residency and fellowship opportunities not available via ERAS or NRMP
www.aamc.org/findaresident
- FREIDA Online™, AMA Residency and Fellowship Database
www.ama-assn.org/life-career/search-ama-residency-fellowship-database
- Visiting Student Learning Opportunities™
<https://students-residents.aamc.org/visiting-student-learning-opportunities/visiting-student-learning-opportunities-vslo>

OTHER WEBSITES

- AAMC Careers in Medicine® — Includes a self-assessment tool for considering specialty choice
www.aamc.org/cim
- AAMC Financial Information, Resources, Services, and Tools — Financial resources for medical students, including information on the cost of applying for medical residency
<https://students-residents.aamc.org/financial-aid/>
- AAMC Report on Residents — Includes information on characteristics of applicants and residents and post-residency professional activities
www.aamc.org/data-reports/students-residents/report/report-residents

- FMIG Network
www.aafp.org/fmig
- NRMP Main Resident Match Data — Includes reports on Match outcomes and surveys from program directors that examine the factors they use to select applicants
www.nrmp.org/main-residency-match-data

JOURNALS

- AAFP, *American Family Physician*
www.aafp.org/afp
- AAFP, *FPM*
www.aafp.org/pubs/fpm.html

ORGANIZATIONS

- ACGME
www.acgme.org
- AAFP
www.aafp.org
- AMA
www.ama-assn.org
- AAMC ERAS
www.aamc.org/eras
- NRMP
www.nrmp.org

E-GUIDES

- Choosing a Medical Specialty, hosted by the AMA
www.ama-assn.org/medical-students-specialty-profiles/choosing-physician-specialty
- Applying to Residencies with ERAS
<https://students-residents.aamc.org/applying-residency/applying-residencies-eras/>

Take the Lead

Find career-building opportunities through the AAFP Foundation, the philanthropic arm of the AAFP, that develop leadership skills and enhance your journey.

Learn more on the Foundation's website about:

- Emerging Leader Institute, a yearlong leadership program
- CHFM Oral History Grant
- CHFM Sandra L. Panther Fellowship
- AAFP Foundation Board of Trustees
- Student and Resident Essay Contest
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