Strolling through the MATCH

2018-2019

The FUTURE is yours to discover. EXPLORE your options to find your MATCH.
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<th>Suggested Timeline</th>
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<td>MATCH DAY for Main Residency Match—third Friday in March</td>
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**Notes:**
- 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®
The American Academy of Family Physicians (AAFP) is very pleased to provide you with this copy of Strolling Through the Match, a guidebook to family medicine residency selection. This guidebook is available online at www.aafp.org/strolling. To order free print copies and find other free AAFP resources for medical students, go to www.aafp.org/studentcatalog (shipping and handling charges apply). You can also access useful information for medical students and residents at www.aafp.org/med-ed, or by calling (800) 274-2237.

Acknowledgments

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

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

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Joel J. Heidelbaugh, MD
Aaron Michelfelder, MD
Kathleen Rowland, MD

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All users of Strolling Through the Match (student, faculty, or otherwise) are invited to give us their feedback regarding the usefulness of this material at www.aafp.org/strollingeval.
# TABLE OF CONTENTS

## General Residency Application Timeline and Checklist
inside front cover

## Introduction
3

## The Electronic Residency Application Service

- Steps in the ERAS Process for Residency Applicants 5
- Steps in the ERAS Process for Fellowship Applicants 6

## Section 1 — Choosing Primary Care

- Factors to Consider When Choosing Primary Care 12
- Understanding Primary Care 12
- What to Expect From a Primary Care Residency 13
- Is Family Medicine Right for You? 17
- Resources 18

## Section 2 — IMG Resources

- Who is an International Medical Graduate? 22
- The Certification Process 23
- IMGs in Family Medicine 24
- Resources 26

## Section 3 — Preparing Your Credentials

- The Curriculum Vitae 30
- Tips to Help You Get Started 30
- Sample Curriculum Vitae 34
- How to Write a Personal Statement 35
- Tips on Letters of Recommendation 36
- The Medical Student Performance Evaluation 38

## Section 4 — Selecting a Program

- Residency Selection Steps 42
- Events and Conferences 44
- Residency Directories 45
- Words of Advice 45

## Section 5 — The Interview Process

- The Residency Interview 52
- Before the Interview 52
- Elements of the Interview 55
- Questions to Consider Asking at the Interview 57
- Post-Interview Etiquette 57
- Follow-Up 58
- Sample Checklist 59
- Residency Program Evaluation Guide 60
- The Global Health Experience: Finding the Right Residency Program 62

## Section 6 — The Match: What It Is and How It Works

- What is the Match? 66
- All In Policy 67
- How the Matching Algorithm Works 69

## Section 7 — The SOAP—Supplemental Offer and Acceptance Program

- What is the SOAP? 74

## Section 8 — Resources

- Resources and References 78
INTRODUCTION

We developed *Strolling Through the Match* to help you make clear decisions about your medical career and learn more about the process of pursuing postgraduate training in family medicine. This guidebook emphasizes a practical approach and encourages you to gather and summarize information on family medicine careers and residencies, establish timelines, and organize checklists and reference materials.

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

The format of this guidebook is designed to let you supplement the information provided with locally derived materials. You may want to add to or subtract from its contents to suit your specific needs. We hope these materials will complement and expand upon existing residency selection programs in various medical schools. As we seek to support the professional development of future family physicians, the AAFP invites and welcomes your feedback on the usefulness of this guide at [www.aafp.org/strollingeval](http://www.aafp.org/strollingeval).

ERAS

Most U.S. residency programs use ERAS to accept applications. Therefore, this guide focuses on the process of applying using ERAS. It is your responsibility to ensure that the program to which you’re applying uses ERAS or, if not, to learn the application process preferred by the program.
The Electronic Residency Application Service (ERAS®) was introduced by the Association of American Medical Colleges (AAMC) in 1995 to automate the residency application process. The service uses the Internet to transmit residency and fellowship applications, letters of recommendation (LoRs), deans’ letters, transcripts, and other supporting credentials from applicants and medical schools to residency and fellowship program directors. ERAS itself is not a matching service, and applicants who use ERAS must do so in conjunction with one or more matching services, such as the National Resident Matching Program® (NRMP®) Main Residency Match.

<table>
<thead>
<tr>
<th>The ERAS has three* distinct application season cycles during which applicants can apply to residency or fellowship programs**:</th>
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<tbody>
<tr>
<td><strong>Residency cycle for ACGME-accredited programs (September start)</strong></td>
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<tr>
<td>The allopathic medical residency match (applications to residency programs accredited by the Accreditation Council for Graduate Medical Education [ACGME]) opens for applicants on September 15. However, applicants can register for MyERAS and begin working on their applications in June. The NRMP Main Residency Match occurs on the third Friday of the following March, and residents begin training July 1.</td>
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<tr>
<td><strong>Residency and fellowship cycle for AOA-accredited programs (July start)</strong></td>
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<tr>
<td>Osteopathic residency and fellowship programs—those accredited by the American Osteopathic Association (AOA)—receive applications through the AOA Intern/Resident Registration Program, administered by National Matching Services, Inc.</td>
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<tr>
<td>• Applicants can register for MyERAS and begin working on their applications in June.</td>
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<tr>
<td>• The application cycle opens in July, interviews are conducted July through January, and rank order lists are due in January.</td>
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<tr>
<td>• The osteopathic match is in February, and applicants begin training on July 1.</td>
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<tr>
<td>• Osteopathic fellowship programs participating in this cycle usually have their matches in December of the same year they begin receiving applications. Fellows begin training July 1 of the following year.</td>
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<tr>
<td>The AOA Intern/Resident Registration Program will cease to exist in the coming years. Accreditation of osteopathic residency and fellowship programs will completely transition to the ACGME by June 2020, and these programs will likely transition to the NRMP Main Residency Match.</td>
</tr>
<tr>
<td>If you are an osteopathic medical student, it is important to determine whether the programs in which you’re interested are listing positions in the AOA Intern/Resident Registration Program, the NRMP Main Residency Match, or both during these transition years.</td>
</tr>
<tr>
<td><strong>December start cycle</strong></td>
</tr>
<tr>
<td>Subspecialty fellowship programs set their own schedules and typically fall within the July-start or December-start application cycles, meaning that ERAS opens for applications in either July or December.</td>
</tr>
<tr>
<td>Formalized subspecialty matches occur mostly in May-June or September-December, though some fall outside of that timeline. Fellows typically begin training the following July, which may be about a year after their match.</td>
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</tbody>
</table>

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

**Individual residency programs may begin orientation earlier than the start date listed.
How Does ERAS Work?

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

Applicants access ERAS through MyERAS and use it to select programs to which they want to apply, submit applications, and assign the supporting documents that will be provided by their medical school.

Medical schools access ERAS through the Dean’s Office Workstation (DWS) software, which allows medical school staff to create and assign ERAS tokens to applicants. These tokens are required for all applicants who register in MyERAS.

After an applicant has completed the application in MyERAS, DWS allows medical school staff to submit the corresponding supporting documents (e.g., transcripts, LoRs) for the applicant.

Finally, programs access ERAS through the Program Director’s Workstation to receive the applicant’s materials and review, evaluate, and rank all applicants. All of these transactions occur through the ERAS PostOffice.

ERAS allows applicants to decide how many personal statements and letters of recommendation to use in the application process. As an applicant, you assign these supporting documents to individual programs. Although it’s possible to assign the same documents to every program, you can strengthen your application by customizing certain documents, especially personal statements and letters of recommendation.

STEPS IN THE ERAS PROCESS FOR RESIDENCY APPLICANTS

STEP 1

Most, if not all, residency programs participate in ERAS for application submissions. You can visit program websites to learn about their requirements and application mechanism, and whether they have any additional requirements or requests that fall outside of the designated application system.

Although MyERAS displays programs that have indicated they will receive applications through ERAS, some programs change their processes after the ERAS software has been released. It is important to find out the application process for each program in which you’re interested by contacting the program directly.

STEP 2

Applicants should get an ERAS token and begin completing applications as early as possible in the Match season.

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

**International medical graduates (IMGs):** Visit the Educational Commission for Foreign Medical Graduates (ECFMG®) website (www.ecfmg.org/eras/index.html) or contact the ECFMG at eras-support@ecfmg.org to learn procedures for contacting your designated dean’s office and obtaining an ERAS token.
Canadian applicants to U.S. residency programs: Register for ERAS through the Canadian Resident Matching Service (CaRMS) to get an ERAS token. CaRMS serves as the designated dean’s office for Canadian applicants. Go to the CaRMS website at www.carms.ca.

**STEP 3**
Go to the ERAS website (www.aamc.org/eras) to register and complete your application and designation list. ERAS provides online help, the ERAS Residency Applicant Checklist, and the MyERAS Residency User Guide to guide you through the completion of the MyERAS application and the entire process.

**STEP 4**
Finalize application materials in MyERAS in preparation for them to be sent to the programs you’ve chosen. Do this as early as possible once the application cycle opens, ideally by mid-September for the Main Residency Match.

- Complete and submit MyERAS application and personal statement(s)
- Authorize United States Medical Licensing Examination® (USMLE®) and/or COMLEX-USA® transcripts
- Upload a photo through MyERAS
- Add and confirm LoR authors and provide them the personalized letter request form generated by MyERAS. Ask all LoR authors to upload (or designate someone to upload) LoRs using the ERAS Letter of Recommendation Portal. If they need help, they can contact the ERAS HelpDesk at www.aamc.org/services/eras/397214/erascontactform.html or (202) 862-6249.
- Customize materials sent to individual programs, including personal statements and LoRs. The application may not be customized for each program.
- Assign transcripts, LoRs, and photo
- Ensure that all sections of the application have been completed and that your designated list of programs is final
- Pay fees and apply to programs

**STEP 5**
Use MyERAS’s “Programs Applied To” page to confirm that supporting documents have been uploaded to ERAS and, later, that documents have been downloaded by programs. Check your email and the MyERAS Message Center frequently for invitations and requests for additional information. You may also update your personal information in MyERAS at any time.

**Applying for a Fellowship**
Eligibility for fellowship positions generally requires completion of a residency program.

**STEPS IN THE ERAS PROCESS FOR FELLOWSHIP APPLICANTS**

**STEP 1**
Visit program websites or contact each fellowship program directly to find out its specific requirements and application mechanism. If a program participates in ERAS, determine the application cycle in which it is participating (July cycle or December cycle).

**STEP 2**
Contact the ERAS Fellowships Documents Office (EFDO) at www.erasfellowshipdocuments.org to get an electronic token, instructions for accessing MyERAS, and information for completing the fellowship application process using ERAS.

**STEP 3**
Go to the ERAS website at https://students-residents.aamc.org/training-residency-fellowship/applying-fellowships-eras/ to register and complete your application
and designation list. Use online help and the Tools for Fellowship Applicants to guide you through the process of completing your MyERAS application.

**STEP 4**
Use EFDO Online Services to submit your MSPE and medical school transcript. You may upload your photo directly. Letters of recommendation may be submitted by LoR authors or designees through the ERAS Letter of Recommendation Portal. Contact your medical school to determine its policy on releasing medical school transcripts and MSPEs. If your school will not release these directly to you, it may submit them directly to the EFDO using its Medical Institution Document Upload Service (MIDUS).

**STEP 5**
Use MyERAS’s “Programs Applied To” page to confirm that supporting documents have been uploaded to ERAS and, later, that documents have been downloaded by programs. Check your email and the MyERAS Message Center frequently for invitations and requests for additional information.

**Additional Information for Residency and Fellowship Applicants**

MyERAS contains a list of programs you can select to receive your application materials electronically. Because ERAS is not the definitive source for program participation information, you should verify the application process and deadlines for programs in which you’re interested before you apply.

An online directory of all ACGME-accredited programs is available at [www.opportunities.osteopathic.org/](http://www.opportunities.osteopathic.org/). These programs must be accredited or pre-accredited by the ACGME to recruit students.

FREIDA Online®, the American Medical Association (AMA) Residency & Fellowship Database®, allows you to search by specialty, state, institution, or keywords. It is available at [www.ama-assn.org/life-career/search-ama-residency-fellowship-database](http://www.ama-assn.org/life-career/search-ama-residency-fellowship-database).

The American Academy of Family Physicians (AAFP) Family Medicine Residency Directory offers additional information about family medicine residency programs and is searchable by location, program size, community setting, program type, benefits, and more. This directory is available at [www.aafp.org/residencies](http://www.aafp.org/residencies). The AAFP also offers a Family Medicine Fellowship Directory (available at [www.aafp.org/fellowships](http://www.aafp.org/fellowships)) that is searchable by fellowship type, location, community setting, and program duration.

Students planning elective rotations may use the AAFP Clerkship Directory to find a rotation or subinternship in family medicine ([www.aafp.org/medical-school-residency/medical-school/rotations/clerkships.html](http://www.aafp.org/medical-school-residency/medical-school/rotations/clerkships.html)).
The Dean’s Office Workstation

The Dean’s Office Workstation is the software used by the designated dean’s office (and the EFDO for fellowship applicants) that creates tokens applicants use to access MyERAS and to upload MSPEs and medical school transcripts.

The EFDO and designated dean’s offices determine their own procedures and timelines for processing ERAS materials. Make sure you understand and follow the procedures to ensure your ERAS materials are processed in a timely manner. If you have any questions about the processing of your application, contact your designated dean’s office.

The Program Director’s Workstation

The Program Director’s Workstation is designed to allow program administrators to efficiently download, sort, review, evaluate, and rank residency applications. Program directors use a variety of ERAS features to review and evaluate the applications. When you apply, it is important to use the same name on both your ERAS application and your NRMP application so residency programs can easily find your application information.

Where Can I Find Additional Help?

Your dean’s office is always the first step in resolving and troubleshooting problems.

MyERAS offers online support to help you while you’re using the software. It also has an instruction manual that provides a wealth of information. The ERAS website (www.aamc.org/services/eras) has a frequently asked questions (FAQs) section. Applicants can also contact the ERAS HelpDesk at www.aamc.org/services/eras/397214/erascontactform.html or call (202) 862-6264 with questions not answered by the ERAS FAQs. The phone line is staffed 8 a.m. to 6 p.m. ET, Monday through Friday. Additionally, ERAS support may be accessed through Twitter @ERASinfo.
choosing primary care

SECTION 1
FACTORS TO CONSIDER WHEN CHOOSING PRIMARY CARE

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

This section provides information on careers in primary care, including an overview of the similarities and key differences among the specialties that are best positioned to serve a wide range of patient needs. These specialties are:

1) Family medicine
2) Internal medicine (primary)
3) Pediatrics (primary)

Physicians in these specialties, as well as combined programs such as internal medicine-pediatrics (med-peds), often work together closely, and they bring unique skill sets and philosophies to the practice of medicine.

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

Trace your steps back to the points in life where you started to envision a future you. What made you want to become a physician? Who influenced your decision to apply to medical school, and what did you admire most about these people? Did you see problems in the world and want to heal them as a physician? If so, what specialty will allow you to be the strongest possible advocate for positive change?

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

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

Learning about all the primary care options you have and seeking out information from trusted sources will help you identify the personal foundation on which you want to build your practice and career. You’ll also discover which questions are essential to ask throughout the Match process. When you get your Match results, you’ll be able to trust the outcome because you invested time in finding answers and building relationships to make informed decisions.

UNDERSTANDING PRIMARY CARE

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

Physicians who serve as their patients’ usual point of first contact must be able to build trust, understand all factors that influence health,
and apply comprehensive medical expertise to improve their patients’ health and well-being. Primary care medicine is equal parts science, art, and business, and it requires complex thinking. In addition, it constantly challenges and energizes physicians who are comfortable with ambiguity. For these reasons, there are many similarities between internists, family physicians, pediatricians, and med-peds physicians. The central difference lies in the patient populations and practice settings their respective residency programs train them to care for.

Family physicians’ cradle-to-grave scope of training permits them to engage in wide-ranging care for a variety of patient populations. They have the skills to treat illness in a newborn, address the preventive needs of the parents, and manage the chronic health conditions of the grandparents. By contrast, pediatricians typically treat patients up to 18 to 21 years of age, while internal medicine physicians only care for adults. Med-peds physicians care for children and adults. However, like internists and pediatricians, they do not practice maternity care or most obstetrics, while family physicians can.

Patients expect their family physician to perform common procedures, so residencies in family medicine emphasize exposure to hands-on interventions. Based on their patient population, family physicians can build on their residency training to add procedures to their repertoire throughout their career.

Continuity clinic is a cornerstone of family medicine residencies. This means that residents follow their patients over the long term. In addition, unlike internal medicine physicians and most pediatricians or med-peds physicians, family physicians are required to undergo training in diagnosis and treatment of common mental illnesses. Because many students who are drawn to family medicine feel called to provide holistic care, they find this mental health component essential to their future identity. The same is true for the unique obstetrics, gynecology, and surgery requirements in family medicine.

**WHAT TO EXPECT FROM RESIDENCY IN A PRIMARY CARE SPECIALTY**

To make sure you will get the comprehensive training you want, look closely at residency requirements for the primary care specialties. Internal medicine, pediatrics, and med-peds are viable fields for primary care training. However, residency programs in these fields are not universally supportive of the choice of primary care. Even at primary care–focused internal medicine or pediatrics residencies, less than half of participating residents may plan to pursue primary care in practice.

Family medicine, internal medicine, and pediatrics residencies all typically last three years. In family medicine, several four-year options are also available. Med-peds residencies are a minimum of four years and result in eligibility for board certification in both internal medicine and pediatrics.

*Table 1* shows requirements outlined by the Accreditation Council for Graduate Medical Education (ACGME) for the primary care specialties. These requirements are not directly comparable across the specialties. For example, one specialty may set its requirements in hours, while another sets its requirements in weeks or patient encounters. This table is meant to help you understand the differences in training between the specialties in a broad and general way, not to serve as a comprehensive guide to residency.

Previously, the American Osteopathic Association (AOA) established requirements for osteopathic programs separately. However, by 2020, all program accreditation will merge under the ACGME.
<table>
<thead>
<tr>
<th>Selected Clinical Area</th>
<th>Family Medicine</th>
<th>Internal Medicine</th>
<th>Pediatrics</th>
<th>Internal Medicine-Pediatrics</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Continuity/longitudinal clinic</strong></td>
<td>40 weeks each year (at least 1,650 patient encounters, including child, adolescent, adult, geriatric)</td>
<td>Minimum of 130 half-day outpatient visits total (approximately 12 months of ambulatory time required)</td>
<td>Minimum of 36 half-day sessions per year (20 weeks of ambulatory time required)</td>
<td>Weekly throughout training (minimum of 36 half-day sessions per year; 306 pediatric and 306 adult patients over 4 years)</td>
</tr>
<tr>
<td><strong>Inpatient adult</strong></td>
<td>600 hours/6 months</td>
<td>Approximately 12 months</td>
<td>--</td>
<td>At least 8 months</td>
</tr>
<tr>
<td><strong>Intensive care and/or critical care</strong></td>
<td>100 hours/1 month, or 15 patient encounters</td>
<td>3 to 6 months</td>
<td>2 months</td>
<td>5 to 8 months</td>
</tr>
<tr>
<td><strong>Emergency department</strong></td>
<td>200 hours/2 months</td>
<td>No more than 2 months</td>
<td>12 weeks</td>
<td>At least 3 months</td>
</tr>
<tr>
<td><strong>Geriatric care</strong></td>
<td>100 hours/1 month</td>
<td>Length not specified</td>
<td>--</td>
<td>Length not specified</td>
</tr>
<tr>
<td><strong>Inpatient child</strong></td>
<td>200 hours/2 months*</td>
<td>--</td>
<td>20 weeks</td>
<td>32 weeks (includes critical and intensive care time)</td>
</tr>
<tr>
<td>*May be completed in the hospital and/or emergency setting; may overlap emergency department requirements listed above</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Outpatient child</strong></td>
<td>200 hours/2 months (includes adolescent care)</td>
<td>--</td>
<td>Length not specified</td>
<td>2 months</td>
</tr>
<tr>
<td><strong>Newborn care</strong></td>
<td>40 encounters (ill and well newborns)</td>
<td>--</td>
<td>4 weeks inpatient</td>
<td>Included in inpatient child component</td>
</tr>
<tr>
<td><strong>Surgical care</strong></td>
<td>100 hours/1 month</td>
<td>--</td>
<td>--</td>
<td>--</td>
</tr>
<tr>
<td><strong>Musculoskeletal care</strong></td>
<td>200 hours/2 months (must include sports medicine)</td>
<td>--</td>
<td>--</td>
<td>--</td>
</tr>
<tr>
<td><strong>Gynecology</strong></td>
<td>100 hours/1 month</td>
<td>--</td>
<td>--</td>
<td>--</td>
</tr>
<tr>
<td><strong>Obstetrics and delivery care</strong></td>
<td>200 hours/2 months</td>
<td>--</td>
<td>--</td>
<td>--</td>
</tr>
<tr>
<td><strong>Dermatology</strong></td>
<td>Core requirement</td>
<td>--</td>
<td>--</td>
<td>--</td>
</tr>
<tr>
<td><strong>Integrated behavioral health</strong></td>
<td>Core requirement</td>
<td>--</td>
<td>--</td>
<td>--</td>
</tr>
<tr>
<td><strong>Common mental illnesses</strong></td>
<td>Core requirement</td>
<td>--</td>
<td>--</td>
<td>--</td>
</tr>
<tr>
<td><strong>Population and community health</strong></td>
<td>Core requirement</td>
<td>--</td>
<td>--</td>
<td>--</td>
</tr>
<tr>
<td><strong>Additional subspecialty training</strong></td>
<td>Required throughout training</td>
<td>Exposure to internal medicine subspecialties and neurology required</td>
<td>36 weeks required</td>
<td>10 months required</td>
</tr>
<tr>
<td><strong>Clinical procedures</strong></td>
<td>Based on future practice needs, in both ambulatory and hospital settings</td>
<td>Based on American Board of Internal Medicine (ABIM) list and area of practice</td>
<td>--</td>
<td>As part of internal medicine training</td>
</tr>
<tr>
<td><strong>Health system management</strong></td>
<td>100 hours/1 month</td>
<td>--</td>
<td>--</td>
<td>--</td>
</tr>
<tr>
<td><strong>Diagnostic imaging/nuclear medicine</strong></td>
<td>Strongly recommended</td>
<td>--</td>
<td>--</td>
<td>--</td>
</tr>
<tr>
<td><strong>Electives</strong></td>
<td>300 hours/3 months</td>
<td>--</td>
<td>24 weeks</td>
<td>8 weeks</td>
</tr>
</tbody>
</table>
Entrustable Professional Activities

To outline the general knowledge, skills, and attitudes required to be a family physician, the Family Medicine for America’s Health Board of Directors identified 20 entrustable professional activities (EPAs) that family medicine residents must be able to perform competently when they complete their training. These EPAs integrate with the Milestones and competencies required by the ACGME for family medicine residency programs.

The following are the family medicine EPAs:

1) Provide a usual source of comprehensive, longitudinal medical care for people of all ages
2) Care for patients and families in multiple settings
3) Provide first-contact access to care for health issues and medical problems
4) Provide preventive care that improves wellness, modifies risk factors for illness and injury, and detects illness in early, treatable stages
5) Provide care that speeds recovery from illness and improves function
6) Evaluate and manage undifferentiated symptoms and complex conditions
7) Diagnose and manage chronic medical conditions and multiple co-morbidities
8) Diagnose and manage mental health conditions
9) Diagnose and manage acute illness and injury
10) Perform common procedures in the outpatient or inpatient setting
11) Manage prenatal, labor, delivery, and post-partum care
12) Manage end-of-life and palliative care
13) Manage inpatient care, discharge planning, [and] transitions of care
14) Manage care for patients with medical emergencies
15) Develop trusting relationships and sustained partnerships with patients, families, and communities
16) Use data to optimize the care of individuals, families, and populations
17) In the context of culture and health beliefs of patients and families, use the best science to set mutual health goals and provide services most likely to benefit health
18) Advocate for patients, families, and communities to optimize health care equity and minimize health outcome disparities
19) Provide leadership within interprofessional health care teams
20) Coordinate care and evaluate specialty consultation as the condition of the patient requires

Workforce

Commitment to caring for all patients requires culturally competent physicians. According to the Agency for Healthcare Research and Quality (AHRQ), family physicians are the specialty that best reflects the geographic distribution of the U.S. population. Nearly 78% of family physicians work in urban settings, 11% work in large rural centers, and 4% practice in small rural settings. The Association of American Medical Colleges (AAMC) and others have also reported that primary care physicians are more racially and ethnically diverse than physicians in other specialties.

Career Options

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 a family medicine residency, you will likely receive job offers in the first year. Starting salaries for graduating family medicine residents in 2017 ranged on average from $200,000 to $225,000, continuing a trend in income growth for primary care physicians.
It does not take a very large patient population to keep a primary care physician busy, especially when compared with a subspecialist. For this reason, primary care physicians have a high level of control over where they practice and what lifestyle they lead.

Each year, the American Academy of Family Physicians (AAFP) surveys its members to capture the scope of their diverse careers in family medicine. Summaries of survey data are available online at www.aafp.org/about/the-aafp/family-medicine-facts.html. Highlights from 2017 include the following:

- Average number of hours worked per week: 47
- Average number of weeks worked per year: 47
- Percentage of family physicians who work part time: 11

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

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

Combined Programs
As you start researching family medicine residency programs, you’ll find that many offer specialized tracks that run alongside the core training. These tracks—such as women’s health, health policy, and global health, just to name a few—allow trainees to gain extra exposure to certain topics, but they are different from combined (or dual-degree) residency programs.

Combined programs overlap training in two areas, leading to dual certification. These programs typically take four to five years to complete. Of the 51 specialties that participated in the 2017-2018 September residency cycle, 22 were combined residency programs. Internal medicine–pediatrics might be one of the most well-known combined program types, but internal medicine, pediatrics, and family medicine have a number of combined training options. The five combined programs available in family medicine are:

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

Fellowships
Upon graduation from a family medicine residency program, your broad skill set and scope of practice will allow you to do many things. Fellowship training is not required, and most family physicians pursue areas of interest in their practice without completing a fellowship. However, if you would like to gain more in-depth training in a certain area, family medicine opens doors to numerous fellowship opportunities. The following five fellowships are open to all family medicine, internal medicine, pediatrics, and med-peds physicians:

1) Adolescent medicine
2) Hospice and palliative care
3) Medical informatics
4) Sleep medicine
5) Sports medicine
Many more fellowships may be available, depending on your primary specialty choice. Because med-peds graduates are board certified in both adult and pediatric medicine, they have the highest number of fellowships to consider. Family physicians can choose from 20-plus fellowships, including emergency medicine, health policy, and addiction medicine. 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.

Family physicians are eligible to receive a Certificate of Added Qualification (CAQ) from the American Board of Family Medicine (ABFM) if they complete a fellowship in one of the following:
- Adolescent medicine
- Geriatric medicine
- Hospice and palliative medicine
- Pain medicine
- Sleep medicine
- Sports medicine

These certificates are awarded in collaboration with the corresponding medical specialty boards. More information about CAQs is available at www.theabfm.org/caq/.

What will your career options look like if you pursue additional training? Primary care already presents many exciting, diverse paths. Even without additional training, family medicine has the largest scope of practice, so completing a fellowship can complement full-spectrum practice. For example, many family physicians with subspecialized training choose to split their practice time between their focused area of interest and primary care. As a family physician, it’s also possible to direct full attention to your subspecialty, just as you can in internal medicine, med-peds, and pediatrics.

Primary Care and Family Medicine in the Future

Family medicine is well positioned within the health care system as value-based payment models replace outdated and costly systems like fee-for-service. Practice models that support patient-centered, team-based care continue to evolve, so you will have many clinic styles to choose from. In addition, specialties with broad scopes of practice are likely to receive elevated focus in reform efforts because they are strongly associated with better, more cost-effective care.

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

IS FAMILY MEDICINE RIGHT FOR YOU?

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

The best way to know whether family medicine is right for you is to try it out. Take as many opportunities as you can to shadow family physicians or rotate with them in practice and
ask about their careers. Questions you might want to ask include the following:

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

Events and conferences, such as the AAFP National Conference of Family Medicine Residents and Medical Students, are also valuable sources of information that can help you make a career choice. At National Conference, you can talk to program directors, faculty, and residents from hundreds of family medicine residencies and start figuring out where you want to end up after medical school. Visit www.aafp.org/nc for more information.

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 and how did they change or develop further? By looking at yourself honestly and making a commitment to seeking out the best available information, you can trust that your decision in primary care will be a good one.

RESOURCES

General

• ACGME program requirements for family medicine
  www.acgme.org/Specialties/Overview/pfcatid/8
• American Family Physician (AFP) Podcast
  www.aafp.org/afppodcast
• Entrustable Professional Activities for Family Physicians
  www.stfm.org/NewsJournals/STFMNews/EntrustableProfessionalActivitiesforFamilyPhysicians

Social Media

AAFP
Twitter: @aafp
Facebook: facebook.com/familymed

AFP journal
Twitter: @AFPJournal
Facebook: facebook.com/afpjournall

Family Medicine Interest Group (FMIG) Network
Twitter: @AAFP_FMIG
Facebook: facebook.com/fmignetwork
Hashtags: #FMRevolution, #familymedicine
IMG resources

SECTION 2
WHO IS AN INTERNATIONAL MEDICAL GRADUATE?

Medical schools outside of the United States and Canada vary in educational standards, curricula, and evaluation methods. The information that follows is intended to provide international medical school students and graduates with basic information on the process for becoming certified to participate in the U.S. residency application process.

The definition of an international medical graduate (IMG) 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 (LCME), or the American Osteopathic Association (AOA).

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

What is the Educational Commission for Foreign Medical Graduates?

The Educational Commission for Foreign Medical Graduates (ECFMG®) was founded in 1956 to assess whether IMGs are ready to enter Accreditation Council for Graduate Medical Education (ACGME)-accredited residency programs in the United States. International medical graduates must be certified by the ECFMG before they can take the United States Medical Licensing Examination® (USMLE®) or start a graduate medical education program. Visit www.ecfmg.org for more information.

Requirements for ECFMG Certification

International medical graduates must complete all of the requirements to be certified. The ECFMG will then issue a Standard ECFMG Certificate.

1. APPLICATION FOR ECFMG CERTIFICATION

- Consult 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
- Obtain a USMLE/ECFMG identification number from the ECFMG
- Submit an application for ECFMG certification before applying to the ECFMG for examination

2. EXAMINATION REQUIREMENTS

IMGs must pass Step 1 and Step 2 of the USMLE, which are the same examinations taken by U.S. and Canadian graduates. Time limits may apply. Detailed information on the USMLE is available at www.usmle.org.

- Medical Science Examination
  - Pass Step 1 of the USMLE
  - Pass Step 2: Clinical Knowledge of the USMLE
- Clinical Skills Examination
  - Pass Step 2: Clinical Skills of the USMLE

To ensure that your results will be available in time for you to participate in the Match, it’s important to take Step 2: Clinical Skills before December 31 of the year prior to the Match in which you’re participating. IMGs should schedule this examination no later than March of the year in which they need to take it. For example, IMGs hoping to match in March 2019 should register and schedule their Step 2: Clinical Skills examination by March 2018 and take it before December 31, 2018.
3. MEDICAL EDUCATION CREDENTIAL REQUIREMENTS

• Physician’s medical school and graduation year are listed in the World Directory of Medical Schools
• 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

THE CERTIFICATION PROCESS

The first part of the certification process starts when you request a USMLE/ECFMG identification number from the ECFMG. More information is available at https://secure2.ecfmg.org/usmleidrequest/usmleidrequestnavigator.aspx. After you obtain this number, you can use it to complete the application for ECFMG certification. Once you submit your application for certification, you may apply for examination.

Both medical students and graduates can begin the certification process. However, because one of the requirements of certification is the verification of your medical school diploma, you cannot complete the process until you have graduated. You can apply for the required examinations as soon as you meet the examination eligibility requirements. All of the required examinations are offered throughout the year.

The Federation of State Medical Boards (FSMB) publishes state-specific requirements for initial medical licensure, including:
• Minimum postgraduate training required
• Number of attempts at licensing examination allowed
• Time limits for completion of licensing examination sequence needed for license eligibility

This information is available at www.fsmb.org/licensure/usmle-step-3/state_specific. 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. Therefore, it is crucial to verify your eligibility within each U.S. state and to each program before you apply.

Applying to U.S. Graduate Medical Education Programs

FREIDA Online®, the American Medical Association (AMA) Residency & Fellowship Database®, which is available at www.ama-assn.org/life-career/search-ama-residency-fellowship-database, is an online directory of more than 10,000 graduate medical education programs. The ACGME offers a residency directory at https://apps.acgme.org/ads/Public/Programs/Search. In addition, the American Academy of Family Physicians (AAFP) offers an online family medicine residency directory that has search functionality beyond that offered by FREIDA Online or the ACGME’s directory. This directory is available at www.aafp.org/residencies.

Application deadlines may vary among the residency programs. You should contact the programs in which you’re interested directly about their deadlines. It’s also important to note that individual programs may have special requirements for application.

Most programs require applicants to submit their applications using the Electronic Residency Application Service (ERAS®). The ECFMG coordinates the ERAS application process for IMGs. Visit www.ecfmg.org/eras for more information.

The National Resident Matching Program® (NRMP®) is the mechanism for connecting programs and applicants. The NRMP coordinates the Match for U.S., Canadian, and international medical students and graduates. If you wish to participate, you must register.
with the NRMP (www.nrmp.org) and submit the needed materials. See Section 6 for more detailed information about how the Match process works. ERAS tokens for IMGs become available beginning in June and the rest of the process follows the residency application timeline (September start).

Residency Program Requirements

Many residencies list their program requirements for applicants (e.g., medical school graduation year required, types of visas accepted, number of attempts on the USMLE allowed) on their websites. Research all residency requirements before applying, and carefully follow instructions for submission of your applications.

Use the Directory of State Medical and Osteopathic Boards (available at www.fsmb.org/policy/contacts) to access state-specific information for any state in which you are applying to a residency. You may want to know if you can get a license in a specific state during residency. Some states, such as California, have a list of recognized international medical schools that are eligible for licensure in the state. In addition, some states have restrictions on the number of USMLE attempts allowed or the timeframe in which USMLE tests must be taken.

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

Obtaining a Visa

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

Obtaining Interviews

It can be challenging for IMGs to obtain residency interviews in the United States. The number of graduates from U.S. allopathic and osteopathic medical schools has grown considerably, resulting in increasing competition for a relatively fixed number of residency positions in the United States. For example, an average-sized family medicine residency with seven positions per class has more than 1,000 applicants, including 100 U.S. allopathic medical school seniors, 60 osteopathic medical school seniors, and more than 1,000 IMGs. Because of this, many residency programs have tightened eligibility requirements, often by limiting the number of years since graduation for international applicants (for example, limiting consideration to those who are within three to five years of graduation). Before you expend effort and financial resources on applying, it is important to understand the eligibility requirements for each residency program in which you are interested.

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

IMGS IN FAMILY MEDICINE

Graduates of medical schools outside of the United States play a vital role in the U.S. health care system. IMGs are actually more likely than
U.S. medical graduates to practice primary care and to serve underserved populations. In 2016, IMGs made up 31% of the incoming class of family medicine residents. A majority of these IMGs are U.S. citizens who trained abroad; less than 10% are not U.S. citizens. Over the last decade, the number of IMGs entering family medicine residency programs has decreased in proportion to the increase in osteopathic medical graduates entering family medicine.

**FIGURE 1.** Percent of PGY-1 Residents in ACGME-Accredited Family Medicine Residency Programs, by Type of Medical School, 2006-2016

![Graph showing percent of PGY-1 residents by type of medical school from 2006 to 2017.]

**FIGURE 2.** Composition of PGY-1 Family Medicine Residents of ACGME-Accredited Residency Programs by Medical School Type

![Bar chart showing composition of PGY-1 residents by type of medical school from 2000 to 2017.]

The Match has grown to have more than 35,000 active applicants in 2017 for fewer than 29,000 PGY-1 positions and fewer than 32,000 positions total. The number of programs to which each applicant applies has also risen dramatically, with every family medicine residency program receiving hundreds or thousands of applications. This volume can make it difficult to stand out as an applicant, and has complicated resident recruitment and selection for programs.

The NRMP’s Charting Outcomes in the Match for International Medical Graduates (available with other NRMP data reports at www.nrmp.org/main-residency-match-data) contains a section analyzing trends among IMGs who match to family medicine. Among the insights in this report is the increased probability of finding a match for an applicant who:

- Is graduating from medical school the same cycle as residency application, or within fewer years of graduation
- Ranks fewer specialties
- Has more contiguous rankings of family medicine residency programs (i.e., uninterrupted by other specialties on the list)
- Has higher USMLE Step 1 and Step 2 scores

For additional tips on applying to a U.S. family medicine residency program, see the brief report on the following page.

RESOURCES

- AAFP IMG Resources
  www.aafp.org/membership/involve/constituency/img.html
- Association of American Medical Colleges (AAMC) ERAS Timeline for IMG Residency
  https://students-residents.aamc.org/applying-residency/article/eras-timeline-img-residency/
- ECFMG Information Booklet
  www.ecfmg.org/2018ib/index.html
- The ECFMG Reference Guide for Medical Education Credentials
  www.ecfmg.org/certification/reference-guide.html
- The ECFMG Reporter (free newsletter)
  www.ecfmg.org/reporter/
- Federation of State Medical Boards
  www.fsmb.org
- World Directory of Medical Schools
  www.wdoms.org/

Visa Information

- U.S. Citizenship and Immigration Services
  www.uscis.gov
- U.S. Department of Homeland Security
  www.dhs.gov

Graduate Medical Education Resources

- AAFP Family Medicine Residency Directory
  www.aafp.org/residencies
- AAMC ERAS Website
  www.aamc.org/eras
- Educational Commission for Foreign Medical Graduates
  www.ecfmg.org
- FREIDA Online, the AMA Residency & Fellowship Database
- National Resident Matching Program
  www.nrmp.org
What Residency Applicant IMGs Need to Know When Applying to US Family Medicine Residency Programs

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

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

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

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

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

**Pre-planning**

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

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

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

**Applying**

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

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

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

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

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

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

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THE CURRICULUM VITAE

This section will give you some pointers on how to prepare the credentials that are necessary to apply for a residency training position: information captured in your curriculum vitae (CV), a personal statement, and letters of recommendation (LoRs), including a letter from your dean’s office that is referred to as the medical student performance evaluation (MSPE).

You may not have prepared a formal curriculum vitae (which is Latin for “course of life”), but since you have prepared applications for employment, college, and medical school, you probably are already familiar with a CV’s function and the type of information needed. One of the primary functions of a CV is to provide a succinct chronicle of your experience and training. In a sense, a CV is a multipurpose, personal application form for employment, educational opportunities, honors and awards, presentations, research, and membership or participation in an organization.

Learning to prepare a good CV now will help you throughout your professional life. It is a living document that must be continually updated as you complete new experiences and accomplishments. Your CV must be restructured and rewritten, or at least reviewed, for each purpose for which you use it. For example, it might be inappropriate to include a lengthy list of publications on a CV you are submitting as an application for membership in a volunteer organization. On the other hand, it might be imperative to include this information—if not in the body, at least as an appendix—on a CV you are submitting for an academic position.

Some experts recommend maintaining two versions of your CV: a short summary of your training and experience, and a longer version with more detailed information about your publications and presentations. In general, however, no CV should be lengthy. No matter how many accomplishments you list, you won’t impress interviewers if they can’t quickly pick out two or three good reasons to choose you over someone else. Let your CV help you put your best foot forward.

Sometimes, a CV is referred to as a “résumé.” Academic or educational circles tend to use the term “CV” more frequently than “résumé.”

Because of the nature of the medical profession, in which the years of preparation are highly structured and generally comparable from institution to institution, a chronological format for the medical CV is often preferred.

The Electronic Residency Application Service (ERAS)® will create a CV for you based on the information you put into the application about your experience and history. However, it is recommended that you build and maintain your own CV throughout your training. You will use your CV throughout your educational and professional career, and creating your own CV will give you more flexibility in what information you include and how it’s structured. For additional information on developing your CV, visit www.aafp.org/careers/hunting/cv.html.

TIPS TO HELP YOU GET STARTED

General Tips

- Don’t wait until late in your medical school years to seek leadership, research, scholarship, and other opportunities that can be listed on your CV. Start building your CV as early as possible by seeking out opportunities to publish work or participate in extracurricular or volunteer efforts.

- A chronological CV should be arranged in reverse chronological order, starting with where you are currently. You may choose to arrange each section of the CV chronologically.

- Remember that an application form is limited to the few things that a particular institution wants to know about everybody. A CV lets
you give information that is unique to you. Add all your key accomplishments and activities in the initial draft. In subsequent drafts or different versions, you can remove information that may not be pertinent.

- Resist the temptation to add explanatory sentences or language. You will distract the reader from the basic information being presented. The language of a CV is abbreviated and succinct. When applying for residency training, you will have the opportunity to express yourself in a personal or biographical statement. In the future, when applying for a job or some other type of position, you will want to include an appropriate cover letter with your CV to explain your particular qualifications and strengths for the position.

- Don’t despair if your CV doesn’t resemble those of other students who are applying to the same residency program. Each CV is different. Even if everyone used the same format suggested in this section, your CV will not resemble others because it doesn’t have the same content. No residency program director is looking for a specific CV style. However, you will receive points for neatness and readability.

- Be honest. If you haven’t accomplished anything in a certain category, leave it out. Don’t create accomplishments to fill in the spaces. Be honest and specific about your level of participation in a project or activity (e.g., state that you coordinated membership recruitment for a student organization at your school, but don’t say you were president unless you were).

If you need more information, contact your dean’s office. They may be able to share CV samples and provide additional guidance. Student organizations at your school may also host CV review events, and many regional and national conferences offer these services to attendees. Look for opportunities to have your CV reviewed through local and national student, medical, and specialty societies.

The Association of American Medical Colleges (AAMC) offers a template for creating your CV at https://students-residents.aamc.org/training-residency-fellowship/article/preparing-your-curriculum-vitae/.

**Personal Data**

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. 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. Include hospital paging phone numbers, if appropriate. Indicate whether there are certain dates when you should be reached at other locations.

You can include some personal information at the beginning of your CV, or you can summarize it all in one section, if you choose to add it at all. Remember that federal law prohibits employers from discriminating on the basis of age, race, color, sex, religion, national origin, disability, marital status, sexual orientation, gender identity, genetic information, or political affiliation. Therefore, you do not have to provide this information. Discrimination on the basis of sex includes discrimination on the basis of child-rearing plans (e.g., number of children, plans to have children).

Although some people include the following items, they are not necessary and probably should not be included on a CV:

- Social Security number
- License number
- Examination scores

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.
Education
List your current place of learning first on your CV. Include the name of the institution, the degree sought or completed, and the date of completion or date of expected completion. Remember to include medical school, graduate education, and undergraduate education. Omit high school.

Later, you will add separate categories for “Postgraduate Training” (includes residencies and fellowships), “Practice Experience,” “Academic Appointments,” and “Certification and Licensure.”

Honors and Awards
It is appropriate to list any academic, organizational, or community awards or scholarships, but you must use your own judgment as to whether an achievement that you value would be valuable to the person reading your CV.

Professional Society Memberships
List any professional organizations to which you belong and the years of your membership. Include leadership positions held, if any.

Employment Experience
List the position, organization, and dates of employment for each work experience. Limit this list to those experiences that are medically related (e.g., med tech, nurse’s aide, research assistant) or that show the breadth of your work experience (e.g., high school teacher, communications manager).

Extracurricular Activities
List your outside interests, volunteer service, and extracurricular activities. These help develop a broader picture of your personality and character. Also, any special talents or qualifications that have not been given due recognition in other parts of the CV should be highlighted in this or a separate section. For example, include things such as fluency in other languages or a certification such as a private pilot’s license.

Publications/Presentations
List any papers you have published or presented by title, place, and 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
Include any information demonstrating your passion and drive that might not have been captured in other sections.

References
You may be asked to provide personal and professional references. These names may be included in the CV, appended as part of a cover letter or application form, or noted as “Provided Upon Request.”
ERAS

Please note: Although CVs are not included as one of the standard ERAS application documents, programs can create and print out a report in a CV format based on information in your application. However, developing your CV separately remains useful because it provides most, if not all, of the information needed to complete the ERAS application. Having this information before the dean’s interview may reduce the amount of time you spend completing the ERAS application. In addition, some programs may require a CV as supplemental information; therefore, applicants should consider having the CV available during interviews in case it is required by the program. Your designated dean’s office cannot attach your CV to your ERAS application. However, 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.

MyERAS will capture:
- Current and prior training (residency or post-residency)
- Education
- Language fluency
- Publications
- Work, volunteer, and research experience, including clinical experience, teaching experience, unpaid extracurricular activities, and committee service
SAMPLE CURRICULUM VITAE

JESSICA ROSS

ADDRESS
3800 Hill Street
Philadelphia, Pennsylvania 19105
(813) 667-1235 (home, after 6 p.m. ET)
(813) 667-4589 (hospital paging)
jross@gmail.com

EDUCATION
University of Pennsylvania Perelman School of Medicine, MD, expected May 2018
University of Pennsylvania, MS in Biology, June 2013
Oberlin College, BS in Biology, June 2009

HONORS AND AWARDS
Family Medicine Interest Group Leadership Award, 2015
Outstanding Senior Biology Award, Oberlin College, 2009
Dean’s Award, Oberlin College, 2009

PROFESSIONAL SOCIETY MEMBERSHIPS
American Academy of Family Physicians, 2013 to present
Pennsylvania Academy of Family Physicians, 2013 to present
American Medical Association, 2013 to present
Pennsylvania Medical Society, 2013 to present

EMPLOYMENT EXPERIENCE
Venipuncture Team, Hospital of the University of Pennsylvania, 2012-2013
Teaching Assistant, University of Pennsylvania, Biology Department, 2012-2013

EXTRACURRICULAR ACTIVITIES
Family Medicine Interest Group, 2013 to present
Youth Volunteer – Big Sisters
Outside Interests – Piano, Poetry, Reading, Running, Walking, Cycling, Travel
Special Qualifications – Private pilot license (2008), Fluent in French

PUBLICATIONS
“10 Tips for Effective Leadership,” AAFP News Now, Fall 2014.
“Make Time to Get Involved in Your Community,” The Community Service Connection, Spring 2012.
HOW TO WRITE A PERSONAL STATEMENT

Application forms for residency positions include a request for a personal statement to give the program’s faculty members and current residents insight into who you are, what is unique about you as a potential residency candidate, and whether you’re a good fit. Remember, residency programs are screening thousands of applications, and individual faculty members and residents are likely to read hundreds of personal statements each year. They will appreciate a statement that showcases your personality. A great statement will be interesting, insightful, and specific, capturing why family medicine—particularly this residency program—is right for you. It should be written in your voice and make the reader excited to meet you.

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

Feel free to highlight items in your CV if they help remind the reader of the experiences you’ve had that prepared you for the position. The personal statement is your opportunity to expand upon activities that are just listed on the CV but deserve to be described so your reader can appreciate the breadth and depth of your involvement in them. It should not be another comprehensive list of your activities. Rather, it should provide details about key activities that are listed on the CV.

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

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

You may choose to relate significant personal experiences, but do so only if they are relevant to your candidacy for the position.

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

The importance of good writing cannot be overemphasized. The quality of your writing in your personal statement is at least as important as the content. Unfortunately, good writing skills are often allowed to deteriorate during medical school. In fact, in some sense, these skills are deliberately undermined in the interest of learning to write concise histories and physicals. For the moment, forget everything you know about writing histories and physicals. Be sure to do the following when preparing your personal statement:

- Avoid abbreviations.
- Avoid repetitive sentence structure.
- Avoid using jargon. If there is a shorter, simpler, less pretentious way of putting it, use it.
- Don’t assume your reader knows the acronyms and abbreviations you use. As a courtesy, spell everything out.
- Use a dictionary and spell check.
• Use a thesaurus. Variety in the written language can add interest; however, don’t get carried away.
• Write in complete sentences.

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

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

**ERAS**

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

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

**TIPS ON LETTERS OF RECOMMENDATION**

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

The following tips on LoRs include those developed by the Department of Family Medicine at the University of Washington with contributions from medical students (*Reducing Match Anxiety*, Leversee, Clayton, and Lew, University of Washington, Department of Family Medicine, 1981).

**Importance**

Your letters of recommendation can be an important reflection of your academic performance and can also serve as a valuable source of information about your non-cognitive qualities.

**Number of Letters**

- Most residency programs request three LoRs. Be sure to submit the required number of letters to each program. Programs might dismiss applicants who don’t follow their application guidelines. You will only be able to submit four LoRs to any given program through ERAS.
- Be sure to follow instructions carefully for each program. Some programs specify certain departments or rotations from which the LoRs should originate. For example, some programs require letters from attendings rather than residents. Occasionally, a letter from a person who is not involved in the medical profession will be requested.
• Do not send more letters than requested unless you have one that is especially dazzling. Some selection committees suspect “the thicker the application, the thicker the student.” Some programs review only the first letters to arrive up to the number they request, and subsequent letters are ignored.

Timeline
It’s easy to procrastinate. Common reasons include the following:
• “I don’t know anyone well enough to ask for a letter.”
• “I hate asking for recommendation letters. I’ll wait until August.”
• “I did well on surgery, but that was six months ago. They won’t remember me.”
• “Dr. Scholarmann is on sabbatical; I’ll just wait until he gets back.”
• “I’m an average student, so I’ll just get a two-liner from one of my attendings later. A quick phone call will solve that problem when the time comes.”
• “I’ll really impress them on my next rotation and get the best letter yet.”

As a courtesy, make arrangements to obtain letters as soon as possible. You can begin now by requesting letters from previous rotations. Going forward, ask for letters at the end of each rotation. There may be a reason to postpone a letter request until you have had a specific rotation if it is obviously an important one for your particular interests, but there is no harm in requesting letters early to be safe.

Allow at least one month from the time you request a letter until it must be delivered. Bear in mind that faculty are busy, may be traveling or otherwise unavailable at the time of the initial request, and usually have multiple letters to write.

Requesting a Letter
• In most instances, you’ll request a letter from a rotation in which you did well that relates to your chosen field or that was requested by a specific program’s application requirements.
• When possible, choose someone who knows you well instead of someone who doesn’t. This is more important than the professional position of a letter author. For example, a faculty member who worked directly with you while you were on a rotation can write a stronger letter than the chair of the department, who may not have had much contact with you.
• Choosing at least one person who is likely to be recognized by the program is also a good idea, if possible. Choose someone who can judge your clinical skills and intentions, not just someone who is a friend.
• Request a letter from 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 letter. Help the attending by providing the names of the residents and fellows with whom you worked so he or she can consult them for input if needed.
• Help the person preparing your letter by providing a CV, a personal statement, and a photo.
• Make a 15-minute appointment with the letter author to review your CV personally. Help the letter author by providing additional personal information, particularly if you can remind him or her of a specific event or situation in which you think you performed well on his or her rotation.
The medical student performance evaluation is an important part of your application for residency training. Guidelines have been created to help medical schools evaluate the applicant’s entire medical school career.

MSPEs (also called dean’s letters) are released to residency programs on October 1 each year. Whether you’re applying to your desired programs via ERAS or via other channels, schools will not release the MSPE until October 1. ERAS is programmed to embargo the MSPE at the ERAS PostOffice until 12:01 a.m. on October 1. The only exception is MSPEs for fellowship applicants. They are available to fellowship programs as soon as they are transmitted from the ERAS Fellowships Documents Office.

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

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

Misdemeanor/Felony Questions

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

ERAS

MyERAS allows you to request as many letters of recommendation as you deem necessary; however, MyERAS will only allow you to assign a limited number of letters to each program. As an applicant, you will enter the LoR authors you’ve chosen into MyERAS. The system will then generate a letter request form you can email, mail, or deliver in person to each of the authors. You will also need to select whether to waive your rights to see the completed letter upon submission by the author, though he or she may choose to share the letter with you directly for your reference and to show support.

Letter submission must be completed through the Letter of Recommendation Portal online. LoR authors must register through ERAS on the Letter of Recommendation Portal and use a letter ID you provide on the original letter request form.

New letters may be submitted on your behalf at any point during application season.
selecting a program

SECTION 4
RESIDENCY SELECTION STEPS

There are more than 470 family medicine residency programs in the United States, and no two programs are exactly alike. Family medicine residencies are based in academic and community health centers and hospitals, which means that they are tailored to serve the needs of their communities—just like you will as a family physician.

Though all programs share a foundational set of educational objectives, each program has areas of focus and strength that make it unique. This great diversity in residency training options means you’re very likely to find a great fit for your individual strengths and interests. It also means it’s especially important to thoroughly research your options.

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

The best way for you to navigate the Match is to find an adviser who is well versed in current family medicine residency application practices. Your adviser should help you create a strategic and realistic plan for residency application based on your medical school performance in the family medicine clerkship and overall, United States Medical Licensing Examination® (USMLE®) scores, extracurricular activities, career plans, and any special circumstances. Your adviser should understand variations in regional and program competitiveness, and assist you in determining the appropriate number of family medicine programs to apply to.

Remember, in 2017, more than three-quarters of all applicants in the National Resident Matching Program® (NRMP®) Main Residency Match® matched. The percentage is consistently above 90% when only graduates of U.S. medical schools are considered, and it has not changed significantly in recent years, despite the rumors of a more competitive Match. The average rank order list for all Match applicants was 10.71 programs in 2017, up from only 7.46 in 2002.

Stages of Residency Selection

There are three primary stages in the process of selecting a residency program:
1) Personal priorities and preliminary research
2) Subjective research
3) Interviews

In the first stage, you should identify the factors that are most important to you in the decision-making process, research programs, and identify programs that you want to learn more about. Your research should focus on collecting objective information (e.g., community size, region, call schedule).

The websites of individual residencies, online and published residency directories, and suggestions from others will be important sources of information for this phase in the process. Try to get out to local, regional, or national meetings and conferences to gain exposure and gather information.

The second stage of the process begins after you have completed your due diligence in stage one. The objectives of the second stage are to collect subjective information, identify pros and cons for each program that interests you, and prepare a preliminary roster of high-priority programs you want to visit for interviews. To get this information,
talk to community physicians, alumni from the residencies, students at the institutions, and peers who have completed electives at those programs. If possible, you may plan to do an elective rotation or subinternship at the programs in which you are very interested.

Attend conferences and residency fairs. The face-to-face interaction at these events is a good opportunity to reconcile your interests with the pros and cons of a program, without the pressure of an interview or elective. These events are also an efficient way to compare many different programs at one time. The American Academy of Family Physicians’ (AAFP’s) National Conference of Family Medicine Residents and Medical Students, held each summer in Kansas City, MO, brings more than 350 family medicine residency programs to one exhibit hall. More information is available on the National Conference website at www.aafp.org/nc.

The third stage includes interviewing at a carefully selected group of programs and placing each program in a rank order based on a comparison of pros and cons. After interviewing, you should have a considerable amount of information about each of the programs in which you are interested. Creating a rank order list is your end goal.

In this final stage, students often find it helpful to use a logical tool (e.g., a modified decision table) to help quantify the pros and cons for each program. Decision tables give students a systematic way of assessing and comparing programs by the factors that are most important to them.

Another useful tool is the Match Program Rating and Interview Scheduling Manager (PRISM®) app, which is available from the NRMP. This app can help you keep track of your interview schedule, take notes, and rate programs based on your own input.

Sample Modified Decision Table

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EVENTS AND CONFERENCES

AAFP National Conference of Family Medicine Residents and Medical Students
August 2-4, 2018 | Kansas City, Missouri
aafp.org/nc
An opportunity for residents and medical students to learn more about family medicine, explore residency programs, and connect with potential employers

Family Medicine Midwest Conference
November 9-11, 2018 | Madison, Wisconsin
iafp.com/family-medicine-midwest-conference
An academic family medicine conference for faculty, residents, and students from Illinois, Indiana, Iowa, Kansas, Kentucky, Michigan, Minnesota, Missouri, Nebraska, North Dakota, South Dakota, and Wisconsin

Family Medicine Education Consortium
November 9-11, 2018 | Rye Brook, New York (Westchester County)
Fmec.net
An academic family medicine conference for faculty, residents, and students from the Northeastern United States, including Ohio and Virginia

Society of Teachers of Family Medicine (STFM) Conference on Medical Student Education
January 31-February 3, 2019 | Jacksonville, Florida
stfm.org/Conferences/ConferenceonMedicalStudentEducation
A national conference for anyone involved in the education of medical students that may be useful if you’re thinking about a career in academic family medicine

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

FREIDA Online®, the American Medical Association (AMA) Residency & Fellowship Database®, provides basic information about graduate medical education programs, 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’s 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.

The AAFP offers a residency directory that captures different information about programs than demographics and accreditation reports. It is available at www.aafp.org/residencies. This tool is searchable by location, program size and type (e.g., community-based, school-based), community setting (e.g., urban, rural), and availability of international rotations, as well as by whether a program includes other types of residencies in hospital rotations and whether it lasts three or four years. You can find program information about benefits and salary, night calls and coverage, hospital setting, inclusion of women and minorities, required and elective rotations, and fellowship opportunities. The directory also includes any extra descriptive information a program chooses to provide.

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

WORDS OF ADVICE

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.

Keep an open mind about the quality of each program. Even though you may never have heard of St. Someone’s Hospital, it might have an excellent program. Consider a residency based on attributes such as geographic location, curriculum, unique rotation and elective opportunities, and community engagement, rather than solely on the name of the institution.

Different programs excel for different reasons, and individual residency candidates may value the same program for different reasons. As a result, you won’t find “Top 10” lists for residency programs. There are too many residency programs for anyone to keep a running tab on which is the best program, and “best” is a relative term that means something different to everyone. Your objective is to find the training program that best meets your unique needs and goals.

Beware 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.

Your medical library or the family medicine department chair at your medical school may keep files of residency program information. The chair and other faculty members in the department may have firsthand information about some programs. They can also give you guidance about the amount of variance among different programs. You may want to ask them which programs they consider the best fit for
your interests and why. In addition, ask them why they chose their own training program.

Many medical schools are willing to provide the names and residency locations of previous graduates. Consider contacting physicians who are doing their residencies in your chosen field to ask them why they chose their programs and what other programs they considered. Find out about the practice settings and lifestyles of program alumni.

If you have access to students who have rotated through a program or who attend the institution with which a program is affiliated, ask them about it. Because they have no incentive for recruiting or discouraging you, they can give an objective perspective.

Once you’re satisfied with the amount of information you have, you’re ready for a period of self-analysis to determine which programs are most likely to meet your needs and are worth applying to. Consider applying to a larger number of programs if you have had academic or test-taking challenges, if you’re applying to programs in popular geographic areas, or if you’re applying to combined (i.e., dual-specialty) programs. However, don’t be too influenced by information about the increasingly competitive nature of the Match process and apply to an excessive number of programs. Although you can apply to as many programs as you want, consider whether it is worth the cost for both you and the programs if you already know you’re not interested. If you know you wouldn’t attend a program under any circumstances, don’t apply to it.

Based on what you know about yourself, your career goals, and each program, consider what factors are the most important, or even crucial, to your choice of a residency program. Could you definitely include or exclude a program on the basis of a single criterion? Make a list of any factors about a residency program and the educational experience it offers that are important to you. For example, consider the relative importance of the following factors for you:
- Academic reputation
- Age and stability of program
- Availability of shared or part-time residency positions
- Community (e.g., housing, employment opportunities for spouse/significant other, recreational activities)
- Faculty-to-resident ratio
- Frequency of call
- Geographic location
- International electives
- Number and type of conferences
- Opportunities for further postgraduate training in the same hospital
- Patient population — racial, gender-based, and socioeconomic mix
- Physical characteristics of the hospital (e.g., age, atmosphere)
- Presence of other training programs in the hospital
- Provisions for parental leave
- Structure and flexibility of curriculum
- Type of institution

Whatever your criteria, let your rational assessment of your needs determine which options to pursue. After you have sent your application, initiated the medical student performance evaluation (MSPE) process, and transmitted your transcripts and letters of recommendation, you must wait to be invited for an interview. Use this time to review your list and determine whether there are programs you can eliminate based upon new information or careful reconsideration.

Your list may be very short or very long. You may have doubts about your list and reinstate a few programs at the last minute. In any case, accept the margin of doubt and have confidence in your ability to think rationally. After all, you’ve pared down a wide variety of options into a manageable group of choices.
When interview offers start coming in, make sure to respond quickly, but don’t fill up your entire schedule before you’ve had a chance to hear from all of the programs you’re most interested in. Many applicants schedule too many interviews; end up running out of time, money, or interest; and drop interviews late in the season.

How Many Programs Should I Apply To?

Unfortunately, there is no magic number of programs to apply to.

The Association of American Medical Colleges (AAMC) analyzed applicant and matching data for each specialty, as well as scores on the United States Medical Licensing Examination® (USMLE®) Step 1 exam, to determine the point of diminishing returns (i.e., the point at which the value added by submitting one additional application is reduced relative to the value added by each application before reaching the point of diminishing returns). Part of this study (available online at www.aamc.org/cim/481324/applysmartfm.html) focused on applicants from U.S. allopathic schools applying to a family medicine residency program. Applicants who scored 216 or higher on the USMLE Step 1 exam applied to 19 programs before hitting the point of diminishing returns. At the point of diminishing returns, the likelihood of entering a family medicine residency was 86 percent. Beyond this point, adding one application resulted in a lower rate of return on an applicant’s likelihood of entering a residency program.

It’s important to note that these findings offer only limited guidance for a family medicine residency applicant for a number of reasons. Performance on the USMLE Step 2 exam, particularly in clinical skills, may carry more weight for family medicine programs than other specialties because of the

![Point of Diminishing Returns for Entering a Family Medicine Residency Program for U.S. MD Applicants](image)

1. Number of Applicants = 12,525; this analysis included U.S. MD applicants only.
2. The point of diminishing returns is the point at which the value added by submitting one additional application is reduced relative to the value added by each application before reaching the point of diminishing returns. The addition of one application beyond this point results in a lower rate of return on an applicant’s likelihood of entering a residency program.
3. The point of diminishing returns is an estimate and is not perfectly precise. Therefore, confidence bands around the point of diminishing returns are provided. The lower and upper bounds of each confidence band are shown (a) below the point of diminishing returns in the circle and (b) by the shading around the vertical lines. The width of the confidence band describes the precision of the estimate, with wider bands indicating less precision.

importance of strong clinical skills in family medicine, a specialty with high patient interaction. This study also
does not take into account geographic variations and other characteristics of either the applicants or the programs that can create significant variation.

**ERAS**

MyERAS provides a list of all programs eligible to participate in the Electronic Residency Application Service (ERAS®) in the 2018-2019 academic year, along with basic contact information. Programs not participating in ERAS are included for informational purposes but cannot be selected. Applicants should contact these programs to get their application materials. Some programs may have more than one program track to which applicants may apply.

ERAS fees are based on the number of programs selected, so exercise caution when selecting programs. Be sure to contact programs for their requirements, deadlines, and other information before you select them using MyERAS. Use the outside resources mentioned earlier in this section to inform your decision. A selection based solely upon the information in MyERAS is not sufficient for your career decisions.

**Charting Outcomes in the Match**

The National Resident Matching Program® (NRMP®) has produced special research reports to provide some data on characteristics of applicants who matched to their preferred specialty. Reports exist for U.S. allopathic seniors, U.S. osteopathic medical students and graduates, and international medical graduates. Below are the summaries for family medicine; the full reports can be found at [www.nrmp.org/main-residency-match-data](http://www.nrmp.org/main-residency-match-data).

**TABLE 2. Summary Statistics on U.S. Allopathic Seniors**

<table>
<thead>
<tr>
<th>Measure</th>
<th>Matched (n=1,254)</th>
<th>Unmatched (n=59)</th>
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<tbody>
<tr>
<td>1. Mean number of contiguous ranks</td>
<td>10.7</td>
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<tr>
<td>2. Mean number of distinct specialties ranked</td>
<td>1.1</td>
<td>1.3</td>
</tr>
<tr>
<td>3. Mean USMLE Step 1 score</td>
<td>221</td>
<td>208</td>
</tr>
<tr>
<td>4. Mean USMLE Step 2 score</td>
<td>237</td>
<td>223</td>
</tr>
<tr>
<td>5. Mean number of research experiences</td>
<td>2.0</td>
<td>1.7</td>
</tr>
<tr>
<td>6. Mean number of abstracts, presentations, and publications</td>
<td>2.6</td>
<td>2.6</td>
</tr>
<tr>
<td>7. Mean number of work experiences</td>
<td>4.2</td>
<td>3.3</td>
</tr>
<tr>
<td>8. Mean number of volunteer experiences</td>
<td>7.4</td>
<td>5.8</td>
</tr>
<tr>
<td>9. Percentage who are AOA members</td>
<td>6.1</td>
<td>0.0</td>
</tr>
<tr>
<td>10. Percentage who graduated from one of the 40 U.S. medical schools with the highest NIH funding</td>
<td>30.3</td>
<td>18.6</td>
</tr>
<tr>
<td>11. Percentage who have Ph.D. degree</td>
<td>1.0</td>
<td>4.0</td>
</tr>
<tr>
<td>12. Percentage who have another graduate degree</td>
<td>18.9</td>
<td>25.5</td>
</tr>
</tbody>
</table>

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

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

### TABLE 3. Summary Statistics on U.S. Osteopathic Medical Students and Graduates

<table>
<thead>
<tr>
<th>Measure</th>
<th>Matched (n=307)</th>
<th>Unmatched (n=40)</th>
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</thead>
<tbody>
<tr>
<td>1. Mean number of contiguous ranks</td>
<td>8.5</td>
<td>4.2</td>
</tr>
<tr>
<td>2. Mean number of distinct specialties ranked</td>
<td>1.1</td>
<td>1.2</td>
</tr>
<tr>
<td>3. Mean COMLEX-USA Level 1 score</td>
<td>525</td>
<td>483</td>
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<tr>
<td>4. Mean COMLEX-USA Level 2-CE score</td>
<td>539</td>
<td>473</td>
</tr>
<tr>
<td>5. Mean number of research experiences</td>
<td>1.5</td>
<td>1.8</td>
</tr>
<tr>
<td>6. Mean number of abstracts, presentations, and publications</td>
<td>2.2</td>
<td>2.5</td>
</tr>
<tr>
<td>7. Mean number of work experiences</td>
<td>3.4</td>
<td>3.4</td>
</tr>
<tr>
<td>8. Mean number of volunteer experiences</td>
<td>7.6</td>
<td>9.0</td>
</tr>
<tr>
<td>9. Percentage who have a Ph.D. degree</td>
<td>0.4</td>
<td>0.0</td>
</tr>
<tr>
<td>10. Percentage who have another graduate degree</td>
<td>24.8</td>
<td>40.6</td>
</tr>
</tbody>
</table>

Sources: NRMP Data Warehouse; COMLEX-USA scores provided by NBOME. 
Note: Only osteopathic medical students/graduates who gave consent to use their information in research are included. 

### TABLE 4. Summary Statistics on International Students and Graduates

<table>
<thead>
<tr>
<th>Measure</th>
<th>U.S. IMGs</th>
<th>Non-U.S. IMGs</th>
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</thead>
<tbody>
<tr>
<td></td>
<td>Matched (n=496)</td>
<td>Unmatched (n=504)</td>
</tr>
<tr>
<td>1. Mean number of contiguous ranks</td>
<td>5.9</td>
<td>3.0</td>
</tr>
<tr>
<td>2. Mean number of distinct specialties ranked</td>
<td>1.3</td>
<td>1.4</td>
</tr>
<tr>
<td>3. Mean USMLE Step 1 score</td>
<td>212</td>
<td>204</td>
</tr>
<tr>
<td>4. Mean USMLE Step 2 score</td>
<td>224</td>
<td>214</td>
</tr>
<tr>
<td>5. Mean number of research experiences</td>
<td>1.6</td>
<td>2.1</td>
</tr>
<tr>
<td>6. Mean number of abstracts, presentations, and publications</td>
<td>1.9</td>
<td>2.8</td>
</tr>
<tr>
<td>7. Mean number of work experiences</td>
<td>4.3</td>
<td>5.7</td>
</tr>
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<td>8. Mean number of volunteer experiences</td>
<td>4.3</td>
<td>3.8</td>
</tr>
<tr>
<td>9. Percentage who have a Ph.D. degree</td>
<td>0.9</td>
<td>1.5</td>
</tr>
<tr>
<td>10. Percentage who have another graduate degree</td>
<td>23.4</td>
<td>33.5</td>
</tr>
</tbody>
</table>

Note: Only applicants who gave consent to use their information in research are included. 
Source: NRMP Data Warehouse 
the interview process

SECTION 5
THE RESIDENCY INTERVIEW

This section provides tips on all aspects of the interviewing process. It summarizes the guidance of students, residents, and program directors on how best to prepare for and succeed in an interview.

Goals of the Interview

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

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. This goes beyond making a good impression. In a sense, you are "trying the program on," or demonstrating to the faculty and residents of the program that you would be a welcome addition to their ranks. You may want to think of your interview as an exercise in role-playing, with you in the role of a recently matched resident in that program.

Keep in mind that role-playing is not the same as acting. In your eagerness to charm and impress your interviewers, don't be insincere. Your interviewers want to find out who you really are. It doesn't serve anyone's purpose for you to give a false impression.

3) Assess the program's relative strengths and weaknesses so that you will be able to structure a justifiable rank order list

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

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

In short, the residency interview is a delicate and complicated interaction that adds substance to the selection process for both candidates and programs. The following tips will help you plan for productive and enjoyable interviews.

BEFORE THE INTERVIEW

Scheduling

- The Match Program Rating and Interview Scheduling Manager (PRISM®) app is available from the National Resident Matching Program® (NRMP®) to help you keep track of your interview schedule, take notes, and rate programs based on your own input.

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

- Most programs participating in the NRMP schedule interviews from September through January. You will hear some differences of opinion as to whether it’s better to be one of the first, middle, or last candidates that a program interviews. Because no evidence demonstrates that timing makes a difference in how the program ranks a candidate, and you don’t have complete control over the timing of your interview, try not to be anxious about it.

- Some suggest you should schedule the interview for your most highly valued program after you have had some experience with one or two interviews in other programs. However, it’s not recommended to treat any interviews as “practice interviews.” This is a waste of your time and the program’s. Make sure any program at which you accept an interview is one you’re seriously considering.

- Contact programs to confirm your appointment about a week before your scheduled interview. This will give you an opportunity to confirm the place and time of your meeting, find out who you are going to meet first, and perhaps learn some other details (e.g., where you should park).

- Typically, an interview will take one full day, though you may be invited to meet with one or more residents and faculty for dinner the night before. If your travel schedule permits, allow some time to tour the community outside the program and/or spend some informal time with residents or faculty.

- If your spouse or significant other will be accompanying you on your interviews, you may want to schedule additional time to assess other aspects of the program and community that are important to him or her. Some programs involve spouses and significant others in the interview process, but you should clarify this with the program ahead of time so that the schedule can be structured to accommodate it. Some programs specifically provide for participation by spouses and significant others with organized tours of the community and other activities.

Travel

- If you’re able to coordinate interviews geographically, you may be able to maximize your travel time, particularly if you are traveling far from home or school to visit programs. However, be careful not to schedule so many back-to-back interviews that you are too tired to represent your best self.

- Many students join airline and hotel rewards clubs and then dedicate a line of reward credit to their interview travel. This can be a great way to earn miles, extra hotel nights, or cash back when you travel for interviews. Research these programs to make sure you understand what you will receive from them and, especially, what you will owe. Credit cards—particularly cards that claim a 0% interest rate—can be unforgiving if you miss a payment or make only minimum payments on your balance. Make sure to keep track of your expenses for tax purposes.

- Family medicine programs are more likely than some specialties to offer assistance and support for travel-related expenditures. Many offer lodging for your interview, and some even offer to cover other travel expenses. Make sure you understand what arrangements the program is making for you.

- The cost of travel is another reason to avoid interviewing at many more programs than you need to. Interview expenses for both students and residencies have grown significantly in recent years, but without any corresponding positive outcome or benefit. Essentially, there are the same number of candidates, but candidates are interviewing at more programs, largely motivated by fear and misguided advising.
Research

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

• Learn about the community before you arrive by visiting websites that provide information about cultural offerings, community problems, the housing market, and job opportunities for your spouse or significant other, if applicable. Resources may include local news sites, job postings for your spouse or significant other, and the local chamber of commerce.

• Make a special point to learn about the residency’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.

• Write down the specific questions you have about this program in a convenient place so that you’ll be sure to ask them. It’s a good idea to have some thoughtful questions prepared to let your interviewers know that you’ve really given some thought to the qualities of their program. Interviewers get tired of answering the same questions, just as you do, so try to think of a few that reflect your own special interests. Also, be aware of what the program has published on its website so that you don’t ask the interviewers to repeat that information.

• 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 in each interview. Appended to this section are two examples of residency interview checklists, one developed by J. Mack Worthington, MD, of the Department of Family Medicine at the University of Tennessee, Knoxville, and the other developed by Joseph Stokes, Jr., MD, who was, at the time, a resident at the Barberton Citizens Hospital Family Practice Residency Program in Barberton, OH. The latter checklist was developed specifically for the evaluation of family medicine residencies.

• Find out the names of your interviewers and put them into a literature search. You can impress interviewers—faculty, resident, or other—with knowledge of their areas of research. Plus, you may find out you have some common interests!

• Be prepared to “interview yourself” if your interviewer doesn’t ask you great questions. Practice your personal narrative, but don’t over-rehearse. Be familiar with what you’re going to say, but don’t practice so much that you don’t answer questions genuinely. You want to avoid sounding scripted.

• In addition, be prepared for the possibility of behavioral interviewing, during which you might be presented with a case or situation and asked to respond as you would if the case/situation was really occurring. Even if the program doesn’t ask you behavioral questions, you should be prepared to answer questions with an example or anecdote that showcases what you want them to understand about you, not just with a simple “yes” or “no.” Ask your interviewers to give examples or anecdotes when you ask them questions, too. It’s absolutely appropriate to ask them to elaborate on an answer such as, “Yes, we can offer experience in that area of interest” by saying, “Can you give me an example of a resident who has done this and what it looked like?”
Attitude

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

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

• Try to be open and honest. It’s okay to be nervous, but don’t let your nervousness hide your personality.

The Fine Points

The following points go under the heading of “common sense” but bear repeating.

• Be kind, courteous, and professional with everyone you meet, including the office staff, faculty, residents, and anyone associated with your visit. All of these people may have input on resident selection and could be your future colleagues.

• In terms of appearance, the general advice is to be neat and comfortable. Use your own judgment as to whether an expensive outfit would add to your confidence level or compete with your personality.

• 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.

• Before you leave your house or hotel room, make sure you have everything you need for the interview (e.g., your notes, paper and pen, tablet or laptop, an extra copy of your credentials).

ELEMENTS OF THE INTERVIEW

Structure

• Often, the residency program will have prepared your itinerary, listing the names of the people you’re going to meet and the amount of time—generally 20 to 30 minutes—allotted for each person.

• In addition to the program director, you should talk to other faculty members, residents from different levels of training, and any other individual with whom you would have significant contact as a resident in that program.

• Remember that all members of the faculty and staff may be critiquing you as soon as you start an interview.

• You should see the hospital and clinic facilities during your interview.

• If you have free time, spend it in places where there are residents. This will give you a better feel for the actual working environment.

• Some residency programs are piloting virtual interviews, especially in the first round. It is not common yet, but may be offered as an option.

Content

• 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.

• 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.
• Be prepared for different interviewing styles and adjust accordingly.
• Some of the questions that you can expect to be asked include:
  - Why did you choose family medicine?
  - Why did you choose to apply to this residency?
  - What are your strong points?
  - What are your weaknesses?
  - What are your overall career goals?
  - How would you describe yourself?
  - What do you like to do in your free time?
  - Describe a particularly satisfying or meaningful experience during your medical training. Why was it meaningful?

Be prepared to answer questions with specific examples and behaviors instead of 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.”

**Discussion of Parental Leave, Pregnancy, and Child-Rearing Plans**

A typical concern during the interview process is questions related to pregnancy and child-rearing plans. The prohibition against discrimination on the basis of sex includes discrimination on the basis of pregnancy and child-rearing plans. You do not have to answer questions related to marital status, number of children, or plans to have children, but you may want to ask about the residency program’s provisions for parental leave and/or child care responsibilities.

Federal regulations provide for 12 weeks of maternity/paternity leave. State regulations may provide for more than 12 weeks of leave, so be sure to check the regulations in the state of each program to which you apply. Federal law does state, however, that the amount of time allowed for maternity/paternity leave must be the same as that which is provided for sick or disability leave.

**Taking Notes**

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

Prohibited 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, sex, religion, national origin, disability, marital status, sexual orientation, gender identity, genetic information, or political affiliation. 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.

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 may not ask applicants whether they have applied to other specialties.
QUESTIONS TO CONSIDER
ASKING AT THE INTERVIEW

Questions for Faculty

• Where are most of your graduates located, and what types of practice are they going into after residency?
• What is your perception of how your program compares to other programs?
• What kind of feedback are you hearing from your graduates?
• Are some rotations done at other hospitals?
• Are any other residency programs in-house?
• How and how often is feedback provided to residents?
• How would you describe the patient demographics?
• In what community service programs does your residency participate?
• What changes do you anticipate in the program during the next three years?
• Can you give me an example of how you have done [XYZ]?

Questions for Residents

• What were the most important factors that made you decide to come to this program?
• What are your plans after graduation?
• What’s a typical week/month/year like for PGY-1, PGY-2, and PGY-3?
• What is call like? What kind of backup and supervision is provided?
• When leave of absence becomes necessary, what happens?
• How do you deal with the stress of residency? What does the residency offer in terms of wellness programming?
• If there are other residency programs in-house, how do you view their presence?
• What do you/her residents do outside the hospital for community service and for fun?
• Where do you feel most of your learning is coming from?
• What are the program’s areas of strength?
• In what areas of the program could improvements be made?

POST-INTERVIEW ETIQUETTE

Most medical students strive to remain professional during and after the residency interview process, but many struggle with deciphering the rules for post-Match communication versus the standard etiquette associated with interviews. Knowing the NRMP rules and developing your own standards will help you build your skills in professionalism. The NRMP and the Council of Medical Specialty Societies (CMSS) have developed a tip sheet for the Match, available at www.nrmp.org/residency-applicant-checklist-match-tips.

DO

• Be aware of your social media “footprint.” Adjust your behavior or privacy settings as needed during interview season.
• Develop your own process for interview follow-up and be consistent.
• Be authentic in your communication, whether it is an email, a handwritten note, or a phone call. Personalize your message, and build on the conversation you had in the interview.
• Complete all materials in ERAS and the NRMP, and have current contact information available, including address, phone number(s), and email.
• Understand that if you are invited by the program, second visits can be made at your discretion and should not have a bearing on the program’s rank order list.
• Realize that program directors and residency faculty are NOT permitted to solicit post-interview communication from applicants.
• Be careful about sharing your rank order list with others, including classmates, residents, your medical school, and residency faculty. You never know how the Match will turn out.
DON’T

• Misinterpret post-interview follow-up from programs as a commitment from them. Determine your rank order list based on your preferences.

• Send multiple generic emails to the same program director or residency faculty. Make follow-up contact personal, and ask direct questions about the program.

• Go back for a second visit unless you are invited. Residency programs are not prepared for uninvited guests.

• Post positive or negative comments on your Facebook or Twitter accounts regarding your interviews.

FOLLOW-UP

Immediately Afterward

• As soon as possible after the interview, write down your impressions and update your checklist.

• When you get home, send a thank you note to the program and/or to individuals with whom you interviewed to recognize their hospitality and to reaffirm your interest in the program, if applicable.

• In reviewing your notes, you may discover several vital questions that you didn’t have the opportunity to ask during the interview. It’s perfectly acceptable to call back for more information, particularly if one of your interviewers—frequently a resident—has invited you to contact him or her for more information.

Second Looks

Some programs will offer you the opportunity for a “second look.” Take advantage of the invitation if you think a second look would help. In some cases, programs will interpret your interest in a second look as an indication of your enthusiasm for the program. In other cases, a program may discourage second looks and interpret it as an insult if you request one. Try to get some insight into this issue when you talk to the residents in the program.

Next Steps

After you have completed your interviews, the lion’s share of your work is done. Your only remaining task is to assess the information you have collected and use it to establish your rank order list. After completing your scheduled interviews, you may decide that you still haven’t found what you wanted and that you’d better look at some more programs. Don’t be too frustrated if this is necessary. It’s better to put in a little extra legwork now than to have lingering doubts later.

Take time to decide how to rank the programs you visited. You may want to put your notes aside for a while to give yourself some time to air your thoughts. Talk through your reasoning with advisers, friends, and family, but remember that the final decision is yours. The next section will help you understand how the Match works so that you can make sure your decisions are accurately reflected on your rank order list.
SAMPLE 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
____________________________________________________________________
____________________________________________________________________
____________________________________________________________________

The Medical Student’s Guide to Family Medicine Residency Selection 2018–2019 59
RESIDENCY PROGRAM EVALUATION GUIDE

Use this checklist to evaluate the residency programs in which you are interested.

Residency Program

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

On the basis of your needs, rate this residency program’s:

<table>
<thead>
<tr>
<th>Feature</th>
<th>Rating</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Education</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Program philosophy</td>
<td></td>
<td></td>
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<tr>
<td>Accreditation</td>
<td></td>
<td></td>
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<tr>
<td>Overall curriculum</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Rotations/electives</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Rounds (educational vs. work)</td>
<td></td>
<td></td>
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<tr>
<td>Conferences</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Number and variety of patients</td>
<td></td>
<td></td>
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<tr>
<td>Hospital library</td>
<td></td>
<td></td>
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<tr>
<td>Resident evaluations</td>
<td></td>
<td></td>
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<tr>
<td>Board certification of graduates</td>
<td></td>
<td></td>
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<tr>
<td><strong>Attending Physicians/Teaching Faculty</strong></td>
<td></td>
<td></td>
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<tr>
<td>Number of full-time vs. part-time</td>
<td></td>
<td></td>
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<tr>
<td>Research vs. teaching responsibilities</td>
<td></td>
<td></td>
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<tr>
<td>Clinical vs. teaching skills</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Availability/approachability</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Preceptors in clinic</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Subspecialties represented</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Instruction in patient counseling/education</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Hospital(s)</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Community or university hospital</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Staff physicians’ support of program</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Availability of consultative services</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other residency programs</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Type(s) of patients</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hospital staff (nursing, lab, pathology, etc.)</td>
<td></td>
<td></td>
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<tr>
<td><strong>Current House Officers</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Number per year</td>
<td></td>
<td></td>
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<tr>
<td>Medical schools of origin</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Personality</td>
<td></td>
<td></td>
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<tr>
<td>Dependability</td>
<td></td>
<td></td>
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<tr>
<td>Honesty</td>
<td></td>
<td></td>
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<tr>
<td>Cooperativeness/get along together</td>
<td></td>
<td></td>
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<tr>
<td>Compatibility/Can I work with them?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Feature</td>
<td>Rating</td>
<td>Comments</td>
</tr>
<tr>
<td>----------------------------------------------</td>
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</tr>
<tr>
<td><strong>Work Load</strong></td>
<td></td>
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<tr>
<td>Average number of patients/HO* (rotation, clinic)</td>
<td></td>
<td></td>
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<tr>
<td>Supervision — senior HO, attending staff</td>
<td></td>
<td></td>
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<tr>
<td>Call schedule</td>
<td></td>
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<tr>
<td>Rounds</td>
<td></td>
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<tr>
<td>Teaching/conference responsibility</td>
<td></td>
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<tr>
<td>‘Scut’ work</td>
<td></td>
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<tr>
<td>Time for conferences</td>
<td></td>
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<tr>
<td>Clinic responsibilities</td>
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<tr>
<td><strong>Benefits</strong></td>
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<tr>
<td>Salary</td>
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<tr>
<td>Professional dues</td>
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<td></td>
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<tr>
<td>Meals</td>
<td></td>
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<tr>
<td>Insurance (malpractice, health, etc.)</td>
<td></td>
<td></td>
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<tr>
<td>Vacation</td>
<td></td>
<td></td>
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<tr>
<td>Paternity/maternity/sick leave</td>
<td></td>
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<tr>
<td>Outside conferences/books</td>
<td></td>
<td></td>
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<tr>
<td>Moonlighting permitted</td>
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<tr>
<td><strong>Surrounding Community</strong></td>
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<tr>
<td>Size and type (urban/suburban/rural)</td>
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<td></td>
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<tr>
<td>Geographic location</td>
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<tr>
<td>Climate and weather</td>
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<tr>
<td>Environmental quality</td>
<td></td>
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<tr>
<td>Socioeconomic/ethnic/religious diversity</td>
<td></td>
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<tr>
<td>Safety (from crime)</td>
<td></td>
<td></td>
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<tr>
<td>Cost of living (housing/food/utilities)</td>
<td></td>
<td></td>
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<tr>
<td>Housing (availability and quality)</td>
<td></td>
<td></td>
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<tr>
<td>Economy (industry/growth/recession)</td>
<td></td>
<td></td>
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<tr>
<td>Employment opportunities (for significant other)</td>
<td></td>
<td></td>
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<tr>
<td>Child care and public school systems</td>
<td></td>
<td></td>
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<tr>
<td>Culture (music/drama/arts/movies)</td>
<td></td>
<td></td>
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<tr>
<td>Entertainment — restaurants/area attractions</td>
<td></td>
<td></td>
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<tr>
<td>Recreation — parks/sport/fitness facilities</td>
<td></td>
<td></td>
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<tr>
<td><strong>Program’s Strengths:</strong></td>
<td></td>
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<tr>
<td><strong>Program’s Weaknesses:</strong></td>
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</tbody>
</table>

* House Officer

Provided by: Summa Barberton Hospital (formerly Barberton Citizens Hospital) Family Medicine Residency Program, 155 Fifth Street, N.E., Barberton, Ohio 44203

The Medical Student’s Guide to Family Medicine Residency Selection 2018–2019
THE GLOBAL HEALTH EXPERIENCE: FINDING THE RIGHT RESIDENCY PROGRAM

Questions to ask when you’re evaluating a program’s international rotations

Mission
- What is the goal of the international rotation?
- Describe the field experience (e.g., clinical activities, public health initiatives, community activities, patient education, or other activities).

Funding
- What is the cost to the residents?
- What opportunities exist to seek additional funding for international rotations?
- Will I have professional liability insurance while participating?
- Will my employee benefits (e.g., health insurance, dental insurance) continue while I am abroad?

Schedule
- How long are the rotations?
- What time of year do residents travel?
- Are certain years (e.g., PGY-1, PGY-2, PGY-3) prohibited from participating?

Location
- In what country (or countries) do the residents engage in international activities?
- Do the residents ever design their own global health experiences?
- What policies and processes are in place to ensure resident safety during travel?

Contacts
- How many residents have participated in the past two years?
- Who are the faculty involved? What other international experiences have they had?
- Whom do I contact to get more information?

Curriculum
- 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?
the Match:
what it is and how it works

SECTION 6
WHAT IS THE MATCH?

You can find information about the National Resident Matching Program® (NRMP®) online at www.nrmp.org. The site contains information about registration and deadlines, and describes the process through which the Match is conducted.

The NRMP provides a uniform system by which residency candidates simultaneously "match" to first- and second-year postgraduate training positions accredited by the Accreditation Council for Graduate Medical Education (ACGME).

The 2017 NRMP Main Residency Match® had 35,969 active applicants and 28,849 PGY-1 residency positions. Of the 18,539 fourth-year U.S. allopathic medical students applying, 94.3% were matched to a position. Nearly half of all U.S. seniors (48.4%) matched to their first-choice program. Almost 82% of the 3,590 osteopathic medical student applicants were matched. The match rate for the 7,149 U.S.-citizen international medical students who registered for the Match was 54.8%. Of the 10,127 non–U.S.-citizen international students who registered for the Match, 52.4% matched.

The NRMP is a uniform system in that all the steps of the process are completed in the same fashion and at the same time by all applicants and participating institutions. All students should enroll in the Match and are bound to abide by the terms of it. However, if a student is offered a position by an institution not in the Match (such as a position in an American Osteopathic Association (AOA)-accredited residency prior to 2020 or an unaccredited position), his or her dean of student affairs can withdraw the student before the Match deadline for changes. Keep in mind that if at least one of the institution’s residency programs participates in the Match, all programs in that institution must offer positions to U.S. allopathic medical school seniors only through the NRMP or another national matching program.

It is a violation of NRMP rules for an applicant or a program to solicit information about how the other will rank them. If that information is solicited from you, you are under no obligation to provide it, nor should you. It is not a violation for an applicant or a program to volunteer information about how one plans to rank the other. However, any verbal indication of ranking is not binding, and the rank order list takes precedence. Students are advised not to rely on such verbal remarks when creating their rank order lists.

An applicant who certifies a rank order list enters into a binding commitment to accept the position if a match occurs. Failure to honor that commitment is a violation of the Match Participation Agreement signed during registration and triggers an investigation by the NRMP. If the violation is confirmed, the applicant may be barred from programs in Match-participating institutions for one year, and marked as a violator and/or barred from future Matches for one to three years or permanently. In addition, the NRMP will notify the applicant’s medical school, the American Board of Medical Specialties (ABMS), and other interested parties.

The Match is nearly all-inclusive because it lists almost all PGY-1 positions in ACGME-accredited training programs. Candidates for residency positions in some subspecialty programs will participate in other matches; however, these candidates must also participate in the NRMP to secure a preliminary position for each of those specialties. Programs sponsored by some branches of the Uniformed Services do not participate in the NRMP.

The entire NRMP process is conducted online using the Registration, Ranking, and Results® (R3®) system. Users can access R3 through the NRMP website at www.nrmp.org. Applicants pay their registration fees online with a credit card, enter their rank order lists, and receive Match results via the Internet.
This section includes a detailed example from the NRMP that illustrates how the Match works. As you read through this example, you will see how the Match accomplishes—in one day—what once took weeks of negotiation between residency applicants and hospitals when no NRMP existed. It is possible that you won’t get your preferred position, or you may not match at all. However, the following are some simple guidelines that can give you the best chance of getting a match that’s right for you.

• **Don’t overestimate yourself.** Although you may think you will match at your top choice, you increase your chances of not matching by listing only one program.

• **Don’t underestimate yourself.** If you really want to go somewhere in particular, rank that program first, even if you don’t think you have much chance. The program may not get its top 10 choices, and you might be number 11 on its list. Ranking a competitive program first won’t negatively influence your chances of matching to less competitive programs lower on your list. Remember, only you will know what rank you matched.

• **Don’t list programs that you don’t want.** If you do, you might end up at one of these programs. Decide whether it is better to be unmatched than to be matched to a program that you don’t want.

• **Remember that the order in which you rank programs is crucial to the Match process.** Upon casual consideration, one or more programs may seem fairly equivalent to you. If you take the time to consider carefully, you may discover reasons you would rank one program higher than another. The matching algorithm is fair, but it is also indifferent to anything other than the rank order list provided. If you rank one program above another, it will put you in the first program if it can, without stopping to consider that, after all, maybe geographic location is more important to you than a higher faculty-to-resident ratio.

• **Don’t make your list too short.** On average, unmatched students’ lists were shorter than matched students’ lists.

These are just some of the guidelines that will help you as you begin the process of entering the Match. More information is available at [www.nrmp.org/main-residency-match-data](http://www.nrmp.org/main-residency-match-data) in a report titled *Charting Outcomes in the Match*. In addition, keep an eye out for notices from the NRMP.

It’s not true that only “bad” programs don’t fill. A program may not fill if its rank order list is at odds with the applicants who ranked it, or if its list is too short. There will likely be multiple programs with unfilled positions that you would find desirable.

Not everyone will match to a position. Your dean’s office is prepared to counsel students who do not match. Applicants who do not match and programs that do not fill participate in the Match Week Supplemental Offer and Acceptance Program® (SOAP®). Information about the SOAP is available in Section 7 and at [www.nrmp.org/match-week-soap-institutions](http://www.nrmp.org/match-week-soap-institutions).

**ALL IN POLICY**

Any program that participates in the Match must register and attempt to fill all of its positions through the Match or another national matching program.

The All In Policy applies to positions for which the NRMP offers matching services, including PGY-1, PGY-2, and, in rare cases, PGY-3 positions. This policy does not apply to fellowship programs. Find more details about the policy on the NRMP website at [www.nrmp.org](http://www.nrmp.org).
Exceptions

- Rural Scholars Programs: Students graduate medical school in three years and commit during medical school to a primary care program at that school.

- Family Medicine Accelerated Programs: Students make an early commitment to family medicine and are channeled into that track.

- Innovative Training Programs: Students are recruited into undergraduate medical education programs that integrate with residency training.

- Military appointees to civilian programs: Positions reserved for applicants with a military obligation based on pre-existing arrangements between civilian programs and military branch graduate medical education (GME) offices.

- Post-SOAP positions: Positions created by programs at the conclusion of the SOAP for partially matched applicants who need either a PGY-1 or PGY-2 position to achieve a full course of training.

- Off-cycle appointments: Positions becoming available after the Match opens in September for which training will begin prior to February 1 in the year of the Match. If training will begin after January 31, the position must be filled through the Match.
HOW THE MATCHING ALGORITHM WORKS

Since 1998, the NRMP has used an applicant-proposing algorithm in all its Matches. The NRMP matching algorithm uses the preferences expressed in the rank order lists (ROLs) submitted by applicants and programs to place individuals into positions. The following example illustrates how the NRMP may best be used by all participants to prepare ROLs and how the matching algorithm works. You may also view a video primer at www.nrmp.org/matching-algorithm/.

Reprinted with permission of:
National Resident Matching Program
2121 K Street, NW, Suite 1000
Washington, DC 20037-1127

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

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

• The program has an unfilled position, in which case there is room in the program to make a tentative match between the applicant and program, or

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

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

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

Applicants’ Rank Order Lists

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

<table>
<thead>
<tr>
<th>Applicant</th>
<th>City</th>
<th>General</th>
<th>Mercy</th>
<th>City</th>
</tr>
</thead>
</table>

The Medical Student’s Guide to Family Medicine Residency Selection 2018–2019
Applicant Anderson makes only a single choice, City, because he believes that he will be ranked highly at City and has assured the program director that he would rank City number one.

Applicant Chen ranks City, which she prefers, and Mercy. She believes Mercy will rank her first, and so she reasons that there is no risk of her being left unmatched, even if she does not rank additional programs.

Applicant Ford would be pleased to end up at Mercy, where he had a good clerkship, and believes they will rank him high on their list. Although he does not think he has much of a chance, he prefers City and General and so ranks them higher than Mercy.

Applicants Davis and Eastman have interviewed at the same programs. Like the other applicants, they desire a position at City or Mercy and rank those programs either first or second, depending on preference. In addition to those desirable programs, those applicants also list General lower on their ROLs.

Programs’ Rank Order Lists
Two positions are available at each program. The programs submit the following ROLs to the NRMP.

<table>
<thead>
<tr>
<th>Mercy</th>
<th>City</th>
<th>General</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Chen</td>
<td>1. Eastman</td>
<td>1. Eastman</td>
</tr>
<tr>
<td></td>
<td>3. Chen</td>
<td>3. Ford</td>
</tr>
<tr>
<td></td>
<td>4. Davis</td>
<td>4. Davis</td>
</tr>
<tr>
<td></td>
<td>5. Ford</td>
<td></td>
</tr>
</tbody>
</table>

The program director at Mercy Hospital ranks only two applicants, Chen and Ford, for his two positions, although several more are acceptable. He has insisted that all applicants tell him exactly how they will rank his program, and both of those applicants have assured him that they will rank his program highly.

The program director at General thinks her program is not the most desirable to many of the applicants but believes she has a good chance of matching Ford and Davis. Instead of ranking those two applicants at the top of her list, however, she ranks more desired applicants higher.

The program director at City includes all acceptable applicants on his ROL, with the most preferred ranked highest. He prefers to try to match with the strongest, most desirable candidates.
<table>
<thead>
<tr>
<th>APPLICANT</th>
<th>RANK</th>
<th>PROGRAM STATUS</th>
<th>MATCH</th>
</tr>
</thead>
<tbody>
<tr>
<td>ANDERSON</td>
<td>1. City</td>
<td>City has 2 unfilled positions.</td>
<td>Tentatively match Anderson with City</td>
</tr>
<tr>
<td>CHEN</td>
<td>1. City</td>
<td>City has 1 unfilled position.</td>
<td>Tentatively match Chen with City</td>
</tr>
<tr>
<td>FORD</td>
<td>1. City</td>
<td>City has no unfilled positions and tentatively matched with more preferred applicants.</td>
<td></td>
</tr>
<tr>
<td>DAVIS</td>
<td>1. Mercy</td>
<td>Mercy did not rank Davis.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>2. City</td>
<td>City has no unfilled positions and tentatively matched with more preferred applicants.</td>
<td></td>
</tr>
<tr>
<td>EASTMAN</td>
<td>1. City</td>
<td>City already has 2 tentative matches but most prefers Eastman.</td>
<td>Chen is removed from City to make room for Eastman; tentatively match Eastman with City.</td>
</tr>
<tr>
<td>CHEN</td>
<td>2. Mercy</td>
<td>Mercy has 2 unfilled positions.</td>
<td>Tentatively match Chen with Mercy; Mercy has 1 unfilled position.</td>
</tr>
</tbody>
</table>

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

**Results**

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

<table>
<thead>
<tr>
<th>Mercy</th>
<th>City</th>
<th>General</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Chen</td>
<td>1. Eastman</td>
<td>1. Eastman</td>
</tr>
<tr>
<td>3. Chen (displaced for Eastman)</td>
<td>3. Ford</td>
<td>4. Davis</td>
</tr>
<tr>
<td>4. Davis</td>
<td></td>
<td>5. Ford</td>
</tr>
</tbody>
</table>

**Considerations**

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

SECTION 7
WHAT IS THE SOAP?

The Supplemental Offer and Acceptance Program® (SOAP®) is a National Resident Matching Program®, (NRMP®)-run program that takes place during Match Week to match any unfilled residency positions with unmatched applicants. The SOAP requires the exclusive use of the Electronic Residency Application Service (ERAS®) by both applicants and programs during Match Week to express preferences and make/receive offers for unfilled positions. There are eight rounds of offers in the SOAP from Monday through Thursday of Match Week. In 2017, 1,279 positions were unmatched at the beginning of Match Week, and 1,177 of these positions were offered in the SOAP. Family medicine had 141 of the positions offered in the SOAP. By the conclusion of the SOAP, 1,076 positions were filled, leaving 203 positions unfilled in the Match overall. After the SOAP, 99.4% of all positions had filled.

More than 40% of SOAP participants are non-U.S.-citizen international medical graduates (IMGs), and more than 28% of participants are U.S.-citizen IMGs. U.S. seniors make up 15% of SOAP participants. More than half of the positions offered in the SOAP are only for PGY-1 (preliminary or transitional year), and more than 60% of positions offered in the SOAP fill with U.S. seniors.

Applicants who participate in the SOAP find out that they are not matched on Monday of Match Week. Matches that are made in the SOAP are announced on Friday, along with those of applicants who matched in the Main Residency Match®.

Positions fill quickly in the SOAP and accepting an offer creates a binding commitment. If you participate in the SOAP, be honest, thorough, and critical in your assessment of programs and their offers before accepting one.

Exclusive use of ERAS by applicants and programs is required during the SOAP. 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. Contact outside of ERAS between programs and applicants constitutes a Match violation.

Each year, a number of applicants register through ERAS for the Match with the intention of only using the SOAP process rather than going through the entire process to interview at programs and submit a rank order list. It’s important to note that the SOAP should not be used as a primary strategy for matching in family medicine. The application and interview process is highly personalized and works to the advantage of both the applicant and the program in determining an appropriate fit for postgraduate medical training. Students who rely solely on the SOAP instead of progressing through the standardized application process will be at a significant disadvantage in making a mutually suitable match. Further, 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.

For more information on the SOAP, visit www.nrmp.org/match-week-soap-institutions.
RESOURCES AND REFERENCES

Online Residency Directories

• AAFP Family Medicine Residency Directory
  www.aafp.org/residencies

• Accreditation Council for Graduate Medical Education (ACGME) Program Search
  https://apps.acgme.org/ads/Public/Programs/Search

• American College of Physicians (ACP) Interactive Internal Medicine Residency Database
  www.acponline.org/membership/medical-students/residency/find-a-residency

• American Medical Student Association Residency and Medical Education Guide
  http://residencyandmedicaleducationguide.com

• FindaResident website, hosted by the Association of American Medical Colleges, (AAMC), an
  online service to assist programs with filling unanticipated vacancies and to help applicants
  identify residency and fellowship opportunities that are not available via ERAS and the NRMP
  www.aamc.org/findaresident

• FREIDA Online®, American Medical Association (AMA) Residency & Fellowship Database™

• Visiting Student Application Service (VSAS®)
  https://services.aamc.org/20/vsas/

Other Websites

• AAMC Careers in Medicine®
  www.aamc.org/cim
  Includes a self-assessment tool for considering specialty choice

• AAMC Financial Information, Resources, Services, and Tools (FIRST)
  www.aamc.org/services/fao-first/445960/first-audience.html
  Financial resources for medical students, including information on the cost of applying for
  medical residency

• AAMC Report on Residents
  www.aamc.org/data/448474/residentsreport.html
  Includes information on characteristics of applicants and residents, and post-residency
  professional activities

• AMA Medical Student Section
  www.amaMedStudent.org

• American Osteopathic Association (AOA) Intern/Resident Registration Program, sponsored by
  the AOA and administered by National Matching Services, Inc.
  https://natmatch.com/aoairp/

• Family Medicine Interest Groups (FMIGs)
  www.aafp.org/fmig

• NRMP Main Resident Match Data
  http://www.nrmp.org/main-residency-match-data/
  Includes reports on Match outcomes and surveys from program directors that examine the
  factors they use to select applicants
Journals

- American Family Physician, American Academy of Family Physicians
  www.aafp.org/afp
- The New Physician, American Medical Student Association
  www.amsa.org/publications/the-new-physician/

Organizations

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

E-Guides

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

Books

About the American Academy of Family Physicians

Founded in 1947, the AAFP represents 129,000 physicians and medical students nationwide. It is the only 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 patient-physician relationship focused on integrated care.

To learn more about the specialty of family medicine, the AAFP's positions on issues and clinical care, and for downloadable multimedia highlighting family medicine, visit www.aafp.org/media. For information about health care, health conditions, and wellness, please visit the AAFP's award-winning consumer website, familydoctor.org.
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