



STROLLING THROUGH THE
MATCH



GENERAL RESIDENCY APPLICATION TIMELINE AND CHECKLIST

April (End of Third Year) – March (Fourth Year)

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

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

COVID-19 Update

This guidebook was written specifically to help medical students explore and pursue family medicine residency training. Although the COVID-19 pandemic may continue to challenge and alter the Match process, the advice and guidance captured in this guidebook extends well beyond just the process and will help any interested student or dedicated candidate to create their path forward.

In addition to reading *Strolling Through the Match*, visit www.aafp.org/match to access additional information about virtual interviews, shifting Match timelines, tools, and more as the Match season unfolds.

Acknowledgments

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

Electronic Residency Application Service (ERAS®)

National Resident Matching Program® (NRMP®)

University of Pittsburgh Medical Center (UPMC)
Shadyside Family Medicine Residency Program,
Pennsylvania

National Board of Osteopathic Medical
Examiners (NBOME)

Association of Family Medicine Residency
Directors (AFMRD)

Society of Teachers of Family Medicine (STFM)

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

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

TABLE OF CONTENTS

SECTION 1
Choosing a Medical Specialty
What Type of Physician do you Want to be 7
Primary Care 7
Family Medicine 11
Resources 15

SECTION 2
Building a CV and Gaining Experience
Show Your Commitment to Family Medicine 16
Find Opportunities for Professional Development . . . 17

SECTION 3
Preparing Your Credentials
Licensing Requirements 27
Your Curriculum Vitae 28
Your Personal Statement 32
Letters of Recommendation 34
Medical Student Performance Evaluation 36

SECTION 4
Selecting Residency Programs
What to Know About Family Medicine Residencies . . 37
The Three Stages of Residency Selection 38
Residency Fairs 40
Conferences and Events 42
Residency Directories 42
Do's and Don'ts of Residency Selection 44
Narrowing Down Your List of Programs 46
Navigating the Match 48

SECTION 5
Applying to Residency Programs
What Is ERAS? 49
How Does ERAS Work? 49
Where Can I Find Additional Help? 50

SECTION 6
Interviewing at Residency Programs
The Residency Interview 53
Well-being During Interview Season 57
Budgeting for Interview Season 58
Preparing for Your Interview 59
On Interview Day 61
Do's and Don'ts of Post-Interview Etiquette 65
Tips for Ranking Residency Programs 66

SECTION 7
The Match: What It Is and How It Works
What Is the Match? 68
How Does the Matching Algorithm Work? 69
Basic Rules of the Match 69
What Are My Chances of Matching? 71
Charting Outcomes in the Match 72
What Is the SOAP? 74
After You Match 76

SECTION 8
Real Stories From the Match 77

SECTION 9
IMG Resources
Who Is an International Medical Graduate? 78
What Is the Educational Commission for Foreign Medical Graduates? 78
Applying to U.S. Residency Programs 80
IMGs in Family Medicine 82
Resources 84

SECTION 10

Resources

Online Residency Directories	85
Other Websites	85
Journals	85
Organizations	86
E-Guides	86
Books	86

APPENDIX A

Suggested Interview Questions

APPENDIX B

Sample Residency Interview Checklist

APPENDIX C

How the Matching Algorithm Works

Tables

Table 1.	CV Elements
Table 2.	Sample Block Schedule at an Urban Residency Program
Table 3.	Sample Modified Decision Table
Table 4.	ERAS Application Season Cycles
Table 5.	Sample Staggered Interview Schedule
Table 6.	Summary Statistics on U.S. MD Seniors, Family Medicine
Table 7.	Summary Statistics on U.S. DO Seniors, Family Medicine
Table 8.	Summary Statistics, Family Medicine

Figures

Figure 1.	Point of Diminishing Returns for Entering a Family Medicine Residency Program for MD Applicants
Figure 2.	Point of Diminishing Returns for Entering a Family Medicine Residency Program for DO Applicants
Figure 3.	Breakdown of SOAP Participants in 2020
Figure 4.	Composition of the Entering Class of ACGME-Accredited Family Medicine Residency Programs by Year, 2000-2017

Strolling Through the Match

INTRODUCTION

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

This guidebook emphasizes a practical approach and encourages you to gather and summarize information on family medicine careers and residencies, establish timelines, and organize checklists and reference materials.

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

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

Tell Us What You Think

Please take a minute to share your feedback on the usefulness of this guidebook at www.aafp.org/strollingeval.

SECTION 1

CHOOSING A MEDICAL SPECIALTY

What Type of Physician do you Want to be?

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

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

Before you choose a specialty, ask yourself:

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

Primary Care

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

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

— DEB CLEMENTS, MD, FAAFP, CHICAGO, IL

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WHAT IS A PRIMARY CARE PHYSICIAN?

Primary care physicians:

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

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

WHAT IS A PRIMARY CARE PHYSICIAN? (continued)

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

Because they serve as their patients’ usual point of first contact, **primary care physicians must be able to build trust, understand all factors that influence health, and apply comprehensive medical expertise to improve their patients’ health and well-being.** Primary care medicine constantly challenges and energizes physicians who are comfortable with complexity and thrive on the patient relationships at the heart of medicine.

Four C’s of Primary Care

- First-Contact
- Continuous
- Comprehensive
- Coordinated

Family physicians’ cradle-to-grave scope of training allows them to engage in wide-ranging care for a variety of patient populations regardless of age, gender, or health need. Family physicians are the only primary care physicians to practice maternity care or most obstetrics.

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

THE PRIMARY CARE RESIDENCY EXPERIENCE

Internal medicine, pediatrics, and med-peds are viable fields for primary care training. However, even at primary care-focused internal medicine or pediatrics residencies, less than half of participating residents may plan to pursue primary care in practice. Only about 50% of pediatricians practice general pediatrics, and less than 20% of internal medicine physicians stay in general internal medicine. By contrast, **more than 90% of family physicians practice primary care.**

“

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

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

”

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

How long do primary care residencies typically last?

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

RESIDENCY REQUIREMENTS

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

The Accreditation Council for Graduate Medical Education (ACGME) sets the requirements for medical residencies in the U.S.

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

These requirements are meant to promote innovations in programs while providing some boundaries and guardrails for how programs are administrated. The requirements capture the training you can be assured you will receive in each specialty. Programs do a lot more beyond these requirements — they are just the “ground floor” of what must take place.

Family medicine residency programs require specific hours or patient encounters in:

- Continuity patient care (caring for a diverse panel of patient care over time)
- Hospital medicine
- Emergency medicine
- Acute child care
- Maternity care
- Women's health
- Geriatrics
- Newborn care

Family medicine residency programs also require experiences in:

- Newborn care
- Care of surgical patients
- Musculoskeletal care
- Dermatology
- Behavioral health
- Mental health
- Procedures
- Population health
- Subspecialty curriculum
- Diagnostic imaging and point-of-care ultrasound
- Health systems management

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

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

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

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

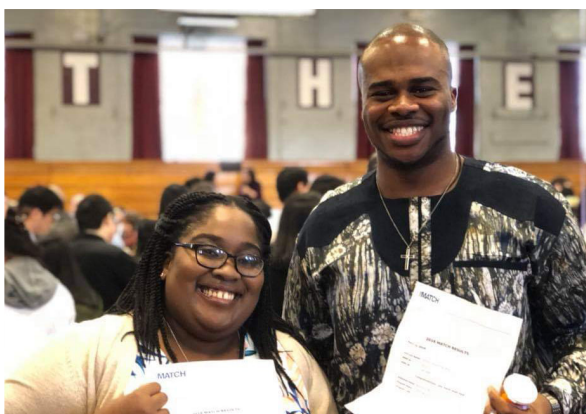
Osteopathic Principles and Practice/Osteopathic Manipulative Treatment Training in Residency

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

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

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

- What access do residents have to faculty who teach OPP?
- What opportunities does the program have for OMT procedures?
- Does the program bill for OMT (i.e., does it have a service line)?



Family Medicine

Family medicine is the second largest medical specialty and, as such, a leading choice for medical students. Factors that influence this choice include the trust families have in their family physician and the high number of family physicians practicing primary care. Exciting clinical rotations in family medicine and incredible mentors can make it easy to recognize that you have found your calling.

Family medicine residency training:

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

THE FAMILY PHYSICIAN WORKFORCE

A commitment to caring for all patients requires culturally competent physicians. According to the Agency for Healthcare Research and Quality (AHRQ), family medicine is the specialty that best reflects the geographic distribution of the U.S. population. In addition, **family physicians practice in communities of all sizes, from inner-city and urban communities to rural areas and even frontier settings.** Nearly 88% of family physicians practice in urban settings, 6% practice in large rural centers, nearly 4% practice in small rural communities, and 2% practice in isolated rural settings. These figures more closely match the distribution of the U.S. population than any other medical specialty. Family medicine's broad scope and ability to take on any patient allow communities of all sizes to support a family physician.

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

“

Throughout medical school, I often reflected on the family physician who shaped my perspective on medicine. As a third year, I realized I truly liked every rotation, but I often saw patients admitted for conditions that could have been prevented if they had a primary care physician. The holistic, full-scope care delivered on my family medicine rotation demonstrated to me a strong future for primary care, and I wanted to be a part of it.

— TIFFANY HO, MD, MPH

”

COMBINED RESIDENCY PROGRAMS

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

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

Of the 48 specialties in the 2021 NRMP Match, 16 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 three combined programs available in family medicine are:

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

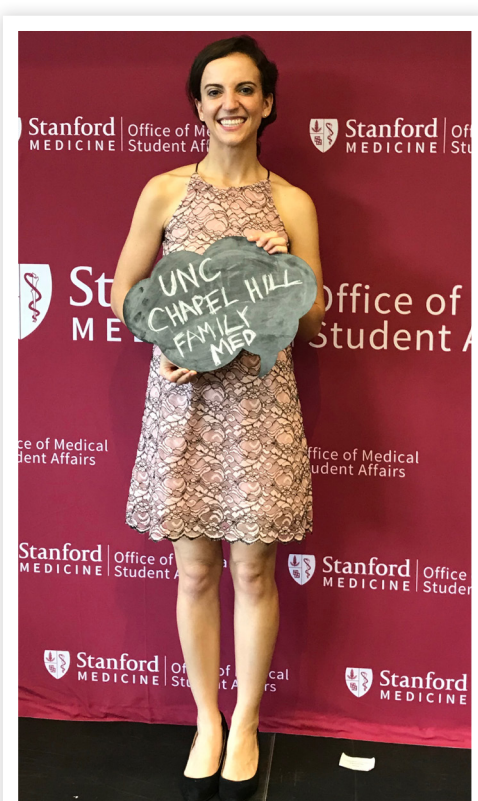
Though there are many types of combined training programs, the vast majority of first-year residency positions are offered in a single-specialty program, and most physicians train in a single specialty.

FELLOWSHIPS FOR FAMILY MEDICINE GRADUATES

Upon graduation from a family medicine residency program, your broad skill set and scope of practice will allow you to do many things. Fellowship training is not required, and most family physicians pursue areas of interest in their practice without completing a fellowship.

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

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



Select Fellowships for Family Medicine Graduates

Fellowships accredited by the ACGME include:

- Clinical Informatics
- Geriatric Medicine
- Hospice and Palliative Medicine
- Sports Medicine

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

- Adolescent Medicine
- Geriatric Medicine
- Hospice and Palliative Medicine
- Pain Medicine
- Sleep Medicine
- Sports Medicine
- Hospital Medicine

Other fellowships include:

- Addiction Medicine
- Behavioral Medicine
- Community Medicine
- Emergency Medicine
- Faculty Development
- Health Policy
- Human Immunodeficiency Virus/AIDS Care
- Integrative Medicine
- International/Global Health
- Maternity/Obstetrics
- Preventive Medicine
- Research
- Rural Medicine
- Urgent Care
- Women's Health

THE AAFP OFFERS A FAMILY MEDICINE FELLOWSHIP DIRECTORY AVAILABLE AT WWW.AAFP.ORG/FELLOWSHIPS THAT IS SEARCHABLE BY FELLOWSHIP TYPE, LOCATION, COMMUNITY SETTING, AND PROGRAM DURATION.

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

Family Medicine Facts

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

CAREER OPTIONS IN FAMILY MEDICINE

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

Physicians who have primary care training are needed now more than ever. In fact, if you enter family medicine residency training, you're likely to begin receiving job offers as soon as you start residency. There are even opportunities to make commitments to help underserved communities before you leave medical school in return for scholarships or loan repayment.

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

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

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

PRIMARY CARE AND FAMILY MEDICINE IN THE FUTURE

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

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

Is family medicine right for you?

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

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

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

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

Explore More at National Conference

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

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

Resources

- ACGME program requirements and FAQs for family medicine (ACGME)
www.acgme.org/specialties/family-medicine/overview
- *American Family Physician (AFP)* Podcast-Bonus episodes feature interviews with family physicians
www.aafp.org/afppodcast
- Entrustable Professional Activities for Family Physicians (STFM)
<https://www.stfm.org/teachingresources/resources/epascompetenciestones/overview/>
- Kozakowski SM, Becher K, Hinkle T, et al. Responses to medical students' frequently asked questions about family medicine. *Am Fam Physician*. 2016;93(3):online.
www.aafp.org/afp/2016/0201/od1.html
- AAFP Student Resourcees
www.aafp.org/students-residents/medical-students.html

Show Your Commitment to Family Medicine

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

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

“

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

— ALEXA MIESES, MD, MPH, DURHAM, NC

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

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

Perceived commitment to the specialty is the most important personal characteristic applicants can show a family medicine residency. According to Results of the 2021 NRMP Program Director Survey, more than 95% of family medicine residency directors cited this characteristic when deciding who to interview. Survey results about average program behavior and other insights in the residency recruitment process can be found at www.nrmp.org/wp-content/uploads/2021/08/2021-PD-Survey-Report.pdf.

Find Opportunities for Professional Development

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

“

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

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

”

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

— CHANDLER STISHER, MD,
HUNTSVILLE, AL

”

Stand Out as a Leader

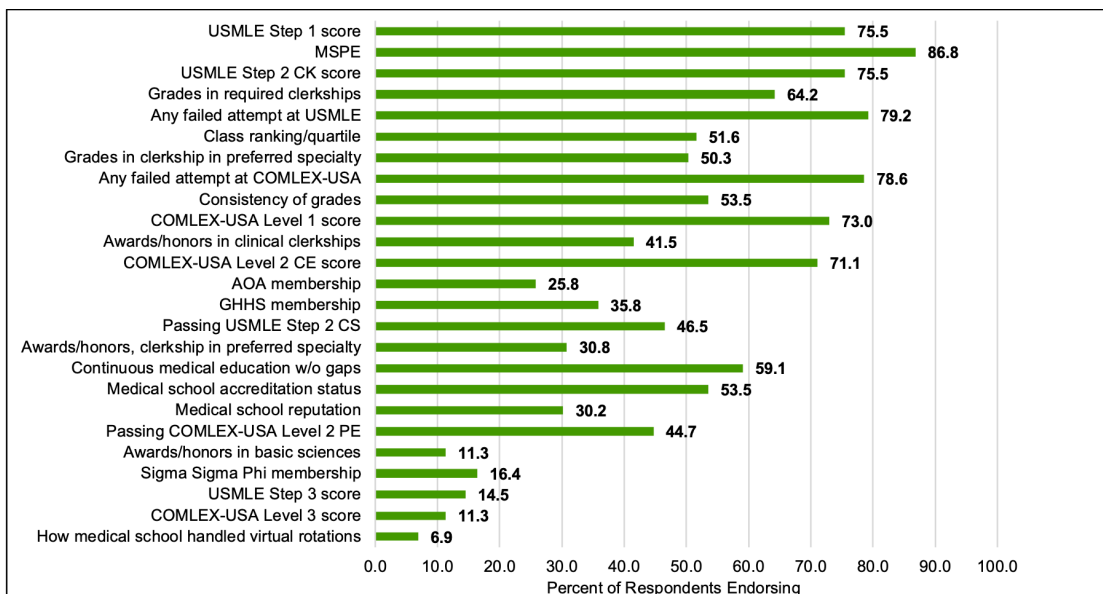
Leadership is a professional skill that will help you stand out in the Match and throughout your career. According to the 2021 NRMP Program Director Survey, leadership qualities are highly valued by a majority of family medicine residency program directors among factors used to select applicants to interview. Leadership qualities had an average importance rating on par with clerkship grades.

The AAFP trains students and residents to lead and advocate. Visit www.aafp.org/getinvolved to learn more.

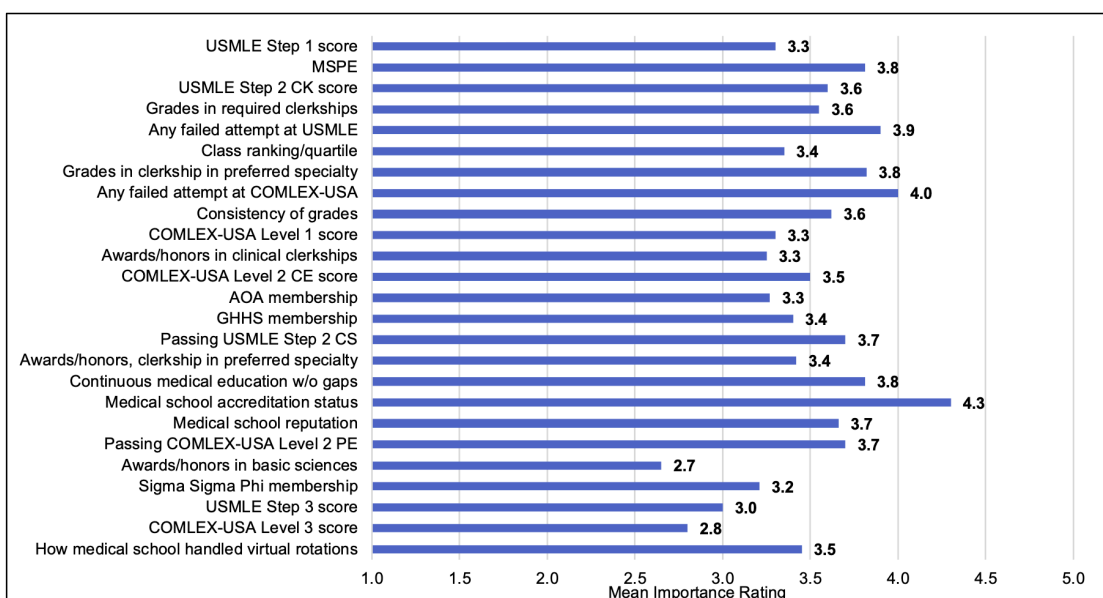
2021 NRMP PROGRAM DIRECTORS SURVEY

These graphs reflect what 159 family medicine residency programs reported on the NRMP's annual survey of program directors.

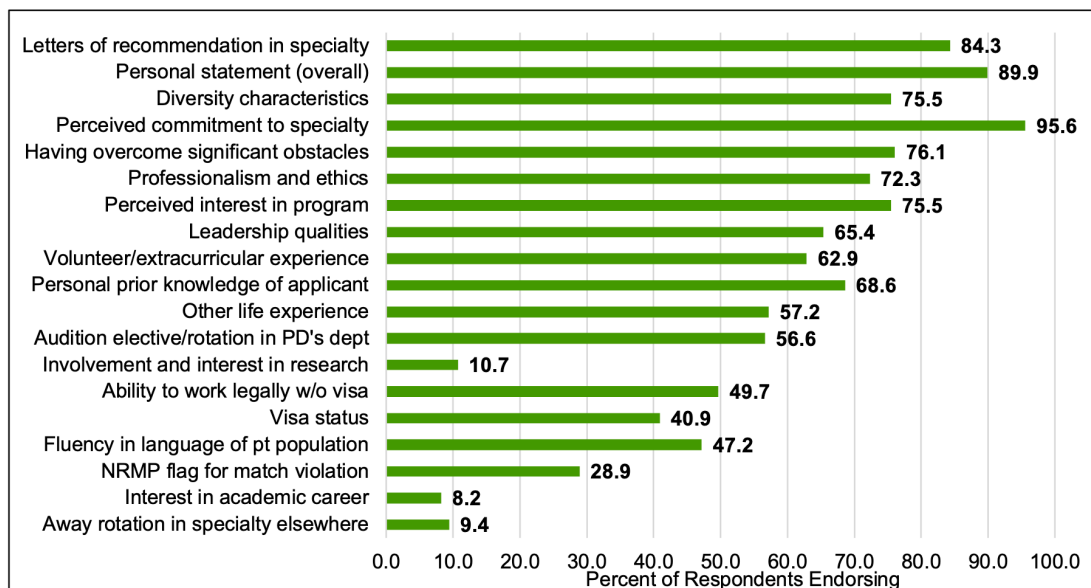
Education and Academic Performance Characteristics Considered in Deciding Whom to Interview (%)



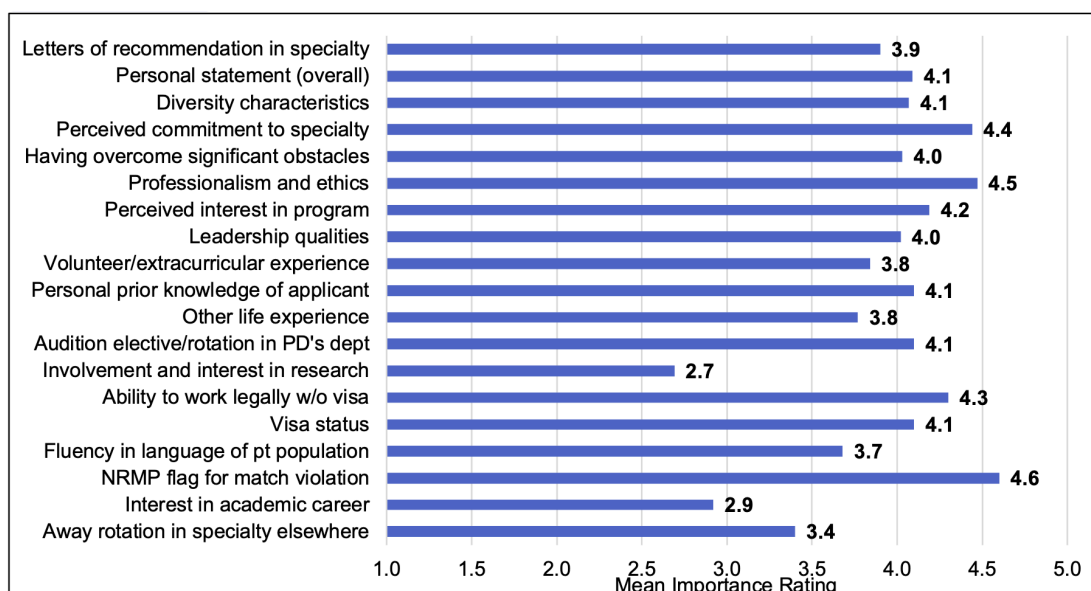
Mean importance of Education and Academic Performance Characteristics Considered in Deciding Whom to Interview¹



Personal Characteristics and Other Knowledge of Applicants Considered in Deciding Whom to Interview (%)



Mean importance of Personal Characteristics and Other Knowledge of Applicants Considered in Deciding Whom to Interview¹



Source: NRMP Program Director Survey Results, 2021

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

BUILDING YOUR RESIDENCY APPLICATION STARTS EARLY IN MEDICAL SCHOOL

The residency recruitment process has become less focused on standardized exam performance and more holistic, accounting for broad applicant factors and characteristics so residency programs may recruit diverse and committed residents. The shift to a pass/fail scoring system of the first major medical licensing examination is evidence of this shift.

To stand out as an applicant, show an interest and commitment in activities like advocacy, policy, community service, and leadership. Maintain a good academic standing while you pursue additional opportunities to expand your curriculum vitae (CV). Dig in deeper with opportunities that fill your soul and keep you whole. These will help you excel in both academics and professional development.

This checklist will guide you through each year of medical school. If you are a senior medical student and see action items listed for first- and second-year medical students that you haven't accomplished, don't worry. Most of these items you can achieve at any time of your medical education.

BUILDING YOUR EXPERIENCES YEAR BY YEAR

Every Year

- ☐ Make the most of medical school and embrace all your courses
- ☐ Seek opportunities to connect with your peers and classes above you through student organizations
- ☐ Embrace every clinical rotation and envision yourself in each of those specialties
- ☐ Prioritize wellness and resilience by staying connected with your support network and offering support to others

LEADERSHIP PROGRAMS AND SCHOLARSHIPS

- ☐ A number of organizations that are invested in the development of the next generation of medical leaders offer focused individual leadership experiences.
- ☐ Find programs within your medical school or state by asking your adviser, your school's family medicine department, or other trusted role models and mentors in and around family medicine.
- ☐ You may also consider national programs like the AAFP Foundation's Family Medicine Leads Emerging Leader Institute and the American Board of Family Medicine (ABFM) Pisacano Scholars Leadership Program, which is open to applicants in their third year of medical school.
- ☐ Some opportunities are very selective, so understanding their eligibility criteria early in medical school will help you work toward meeting them.
- ☐ If you think you might be a fit for a certain program, **don't hold back from applying just because you don't feel you check every box.**
- ☐ Leadership programs value candidates in whom they see potential, not just those who have the longest list of previous achievements.

Not sure where to start? If you're an AAFP member, visit your chapter's website or contact the staff to learn about resources and events that support members' involvement in legislative advocacy. You can access a chapter directory at www.aafp.org/chapterdirectory.

Become an Advocate

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

What issues do you care about in health care and beyond?

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

By finding others who also care about these issues, you'll expand your network of people and organizations that can energize you when medical school is draining.

First-year medical students

- ☐ Become a member of the AAFP — it's free for medical students
- ☐ Join your school's family medicine interest group (FMIG) or student chapter of the American College of Osteopathic Family Physicians (ACOFPP)
- ☐ Join other national medical student organizations
- ☐ Explore clinical topics and procedures from the *American Family Physician (AFP)* podcast, *AFP*, *FPM*, and *Annals of Family Medicine*
- ☐ Explore AAFP student leadership at the state and national level
- ☐ Start writing your CV to maintain throughout medical school
- ☐ Attend the AAFP National Conference of Family Medicine Residents and Medical Students to network and explore topics that interest you and residency program options
- ☐ Consider opportunities to gain early clinical experience, such as a summer externship program with a family physician or shadowing a family physician from your local community

Second-year medical students

- ☐ Take on a leadership role with your FMIG or student chapter of the ACOFP
- ☐ Apply for a state or national student leadership role with the AAFP
- ☐ Connect with a mentor in family medicine who could serve as a reference and could help review your CV
- ☐ Shadow physicians in areas of medicine that interest you
- ☐ Volunteer in your community or through your medical school
- ☐ Gain experiences in governance and policy through your institution (e.g., student government) or in local, state, or federal policy

ORGANIZED MEDICINE

- One way to advocate for your patients and your profession throughout your career is to get involved in organized medicine.
- Nonprofit associations exist to harness the power of collective voices to further their missions. Every medical specialty has a specialty organization, like the AAFP, for family medicine. These organizations provide connections and support for their members and work toward positive change on the issues most important to their members.
- As a medical student, many of these organizations offer membership, and some for little or no cost.
- In addition, you may find value and purpose getting involved in organizations for different groups of students or physicians, such as the Latino Medical Student Association or American Association of Indian Physicians.
- There are also interprofessional medical organizations focused on a type of practice or patient, like the National Rural Health Association, and cause-driven organizations, like Primary Care Progress.
- Whatever you're interested in or however you identify yourself, you're likely to find a group to get involved.

POLICY

- The physician voice is an important and powerful one in federal, state, local, and institutional policy development.
- Consider spending some time during medical school pursuing legislative and/or health policy knowledge and experiences.
- You may be able to find or create a health policy elective.
- You can learn more about policies that impact primary care through the Robert Graham Center for Policy Studies in Primary Care.
- You can gain experiences in policy development by getting involved in organizations like those above. One particular opportunity to try your hand at policy development on an issue you care about is to participate in the AAFP's National Congress of Student Members which takes place in conjunction with the AAFP National Conference of Family Medicine Residents and Medical Students.
- Come to the conference, find others who care about what you care about, work together, write a resolution, debate the issues, and be a part of the process to improve the structure and conditions that surround health and health care.

Tip:

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

Second-year medical students, continued

- ☐ Volunteer to help your family medicine department with a research project
- ☐ Envision practice locations and research residency programs in those areas
- ☐ Update your CV
- ☐ Plan a clerkship and complete your core family medicine rotation before the end of your third year, but don't worry about having the perfect clerkship schedule
- ☐ Attend the AAFP National Conference of Family Medicine Residents and Medical Students to network and explore topics that interest you and residency program options

Third-year medical students

- ☐ Take on a more prominent leadership role in your FMIG or student chapter of the ACOFP by developing a program to recruit new medical students (this will show a passion for growing the specialty) and consider applying for a coveted Program of Excellence Award if the program is successful
- ☐ Apply for a new state or national leadership role with AAFP
- ☐ If you haven't already, join other family medicine professional organizations, such as the STFM and North American Primary Care Research Group (NAPCRG)
- ☐ Become an advocate for primary care by learning about the legislative advocacy process
- ☐ Volunteer or lead a community service project
- ☐ Develop a list of professional references
- ☐ Research family medicine residency programs and follow them and their residents on social media
- ☐ Update your CV
- ☐ Attend the AAFP National Conference of Family Medicine Residents and Medical Students to meet family medicine residences and expand your advocacy experience (e.g., join a reference committee to participate in resolution writing and decision making in the AAFP National Congress of Student Members)

Fourth-year medical students

- ☐ Champion your FMIG or state chapter of the ACOFP by completing a community service project and/or developing a program to recruit new medical students and consider applying for a coveted Program of Excellence Award if the program is successful
- ☐ Apply for a Family Medicine Student Organization (FMSO) special grant to grow and diversify the family medicine workforce and advance primary care
- ☐ Apply for the NRMP Match through the ERAS system – you'll be glad you started your CV early and maintained it throughout medical school
- ☐ Interview with residency programs
- ☐ Expand your involvement in advocacy by joining a commission, AAFP reference committee, or other group(s)
- ☐ Attend the AAFP National Conference of Family Medicine Residents and Medical Students to meet with family medicine residency programs you're applying to and lead a session or networking event

LEGISLATIVE ADVOCACY

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

WHAT IS AN FMIG OR STUDENT CHAPTER OF ACOFP?

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

Holistic Review

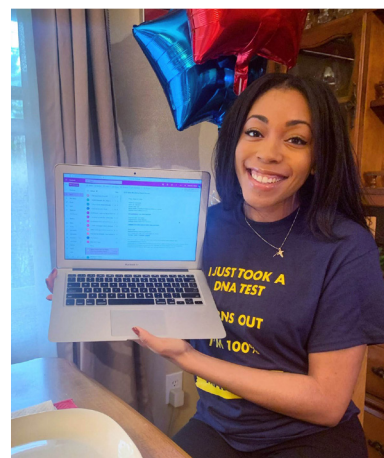
Holistic review refers to a process through which programs are able to provide balanced consideration to all aspects of an application, including academic metrics, experience, and candidate attributes. This process allows reviewers to be flexible and individualized in assessing an applicant.

Family medicine residencies are considered leaders in holistic review, as so much of family medicine requires more than just good test scores. You should start early to build up experiences that showcase your commitment to family medicine, reflect your values and passion, and demonstrate your teamwork and leadership skills. Family medicine residencies are also dedicated to equity and will likely be interested in your “road traveled,” reflecting on your journey to medicine, through medical school, and any adversity you’ve overcome.

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

HEALTH EQUITY

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



Join in!

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

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

Attend National Conference

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

The American Academy of Family Physicians Foundation provides Family Medicine Leads Scholarship for medical students and family medicine residents to attend the National Conference. When scholarships are available, eligibility and application information can be found at www.aafp.org/nc.



Licensing Requirements

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

**Standardized assessment of clinical skills is also required, however, requirements are in flux due to the COVID-19 pandemic. Previous USMLE Step 2 CS and COMLEX Level 2 PE are being reimaged. It will be important to pay attention to these changing requirements and what will apply to you.*

SHOULD OSTEOPATHIC MEDICAL STUDENTS TAKE BOTH COMLEX AND USMLE?

Students at osteopathic colleges of medicine are required to take Levels 1 and 2 of COMLEX-USA to graduate from medical school. About half of DO students also take the USMLE exam as a safeguard for residency applications. **Nearly all family medicine residency programs accept and consider COMLEX results. While taking the USMLE steps may offer enhanced or additional eligibility in some specialties or programs,** it poses a risk if your exam performance is variable. Taking both exams is also an additional cost.

SCORES VERSUS PASS/FAIL

The first step or level of both the USMLE and COMLEX are moving to a pass or fail scoring system in 2022. That significant change in the scoring process will affect how residency programs evaluate student applications. In family medicine, it is very important that students perform strongly on the Step 2 exams, as application of clinical knowledge and patient interactions are fundamental.

Your Curriculum Vitae

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

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

James Smith	
1013 Central Street, Apt. 4001 Birmingham, AL 35005 Phone: 365-555-3902 Email: james.s@mail.com	
EDUCATION	LEADERSHIP AND EXTRACURRICULAR ACTIVITIES
2020 MD, anticipated, University of Alabama School of Medicine (UASOM), Birmingham, AL	2018-2019 Student Member, AAFP Commission on Health of the Public and Science
2016 Rural Medicine Program, Auburn University, Auburn, AL	2018 Reference Committee Member, National Conference of Family Medicine Residents and Medical Students
2015 BA, <i>summa cum laude</i> , Anthropology, University of Alabama at Birmingham (UAB), Birmingham, AL	2018 Interview Host, Rural Medicine Program Interview Day, UASOM
RESEARCH EXPERIENCE	2017-Present Student Member, Rural Advisory Council, UASOM
2018-2019 Medical Student Research Assistant, Department of Family Medicine, UASOM, Huntsville Regional Medical Campus, Huntsville, AL. Worked to identify factors that lead UASOM students to pursue a career in family medicine.	2017-2018 Student Trustee, AAFP Foundation Board of Trustees
2017-2018 Student Choice Project Team Leader, Family Medicine for America's Health. Conducted multiple focus groups and performed qualitative data analysis.	2016-Present Member, UASOM Family Medicine Interest Group (FMIG)
2017 Medical Student Research Assistant, Department of Cell, Developmental and Integrative Biology, UASOM. Conducted patch clamp technique on sweat gland cells and cystic fibrosis bronchial epithelial cells to study cystic fibrosis. Conducted RNA extraction to test differential gene expression when treated with VX-770.	2016-2017 Research Symposium Co-Director, Medical Association of the State of Alabama.
PUBLICATIONS	2011-Present Pre-Selection Committee, Smith Scholarship Foundation.
Anderson A, Patel T, Nowel M, Smith J. Development of a collaborative community approach to increase student matches into family medicine. <i>Ann Fam Med</i> . 2018;10(1):9-11.	VOLUNTEER ACTIVITIES
Young J, Do A, Smith J. Modeling gene interaction networks that buffer disease in yeast. <i>Genes (Basel)</i> . 2017;6(1):30-52.	2018 Medical Mission Trip, Juan Dolio, Dominican Republic. Travelled with a group from the UASOM Huntsville Regional Medical Campus on a one-week medical mission trip in partnership with SCORE International.
POSTER PRESENTATIONS	2016-2017 Equal Access Birmingham Clinic, Birmingham, AL. Volunteered in a student-led clinic that provides health care to the uninsured of Birmingham. Conducted patient histories and physical exams, checked blood glucose and blood pressure, and educated patients on medication use, when appropriate.
Herren A, Gates H, Smith J, Coles P, Bramm D. UAB Huntsville Integrated Residency Program. Research and Innovations in Medical Education (RIME) Week poster session, Birmingham, AL, 2018.	2016 Project Homeless Connect, UASOM FMIG, Tuscaloosa, AL. Volunteered at a one-day health clinic to provide free health screenings and acute medical care for homeless/uninsured/underinsured patients. Conducted patient histories and physical exams.
Smith J, Gaviira C, Abston P. A Stevens-Johnson Syndrome Scare. UASOM Huntsville Regional Medical Campus Research Day, Huntsville, AL, 2018.	2016 Pre-matriculation in Medical Education Program (medical simulation), UASOM. Volunteered as part of a team of health care professionals for a six-week summer program for students prior to the start of their first year of medical school. Helped guide participants through various medical simulation scenarios and debrief them after the simulation ended.
ORAL PRESENTATIONS	HONORS AND AWARDS
2018 Guest Speaker. American Medical Student Association Convention and Exposition. Washington, DC. Topic: Family Medicine, the AAFP, and the AMSA	2017 Family Medicine Leads Emerging Leader Institute Leadership Project Award
2018 Co-presenter. Society of Teachers of Family Medicine Conference on Medical Student Education. Austin, TX. Topic: FMIG Faculty Advisor Summit	2016 Family Medicine Leads Emerging Leader Institute Scholar
2017 Guest Speaker. UAB Department of Biology Welcome Reception. Birmingham, AL. Topic: Advice for Pre-Health Students	2016-2018 Smith Foundation Graduate Scholarship
2017 Co-presenter. American Academy of Family Physicians (AAFP) National Conference of Family Medicine Residents and Medical Students. Kansas City, MO. Topic: Telling Your Story	2016 Alabama Rural Medicine Scholarship
	2015 Smith Foundation Outstanding Graduate Award
	2012-2015 UAB President's List
	2012-2015 Smith Foundation Trustee Scholar
	2012-2015 UAB Golden Excellence Academic Scholarship
	PROFESSIONAL SOCIETY MEMBERSHIPS
	American Academy of Family Physicians, Student Member
	Society of Teachers of Family Medicine, Student Member
	American Medical Student Association, Student Member
	PERSONAL INTERESTS
	Church, traveling, cooking, spending time with family, hiking

CV TIPS

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

Table 1 provides an overview of the basic information captured in a CV. Keep in mind that your CV doesn't have to resemble those of other students who are applying to the same residency program. No residency program director is looking for a specific CV style.

TABLE 1. CV Elements

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

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

CVs IN ERAS

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

MyERAS will capture:

- Exam transcripts and honor societies
- Biographical information (self-identification, language, military experience)
- Education
- Training and experience (work experience, clinical and teaching experience, unpaid extra-curricular activities, committees, and volunteer service)
- Publications

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

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

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

“

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

— MICHELLE BYRNE, MD, MPH,
CHICAGO, IL

”

Your Personal Statement

Every application you submit to a residency program should include a personal statement.

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

SHOW YOUR PERSONALITY

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

SHOW YOUR EXPERIENCE

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

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

Tip:

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

SHOW YOUR GOALS

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

“

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

— KELLY BOSSENBROEK FEDORIW, MD,
CHAPEL HILL, NC

”

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

SHOW YOUR COMMITMENT

Be sure to emphasize specific reasons for your interest in family medicine and in the residency program. Demonstrated awareness and excitement about what is going on in family medicine can distinguish a good personal statement from a great one. For example, a student will demonstrate real interest and potential as a residency candidate by showing awareness of — or experience with — population

health management, super-utilizers, care coordination, or other factors related to the specialty's impact and role in health care at a national level. Your personal statement should be unique, but reading these may help inspire your thinking about how you can best present yourself.

Tip:

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

Good Writing Gets Noticed

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

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

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

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

PERSONAL STATEMENTS IN ERAS

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

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

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

Letters of Recommendation

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

It's easy to procrastinate when it comes to requesting LoRs. You may think you don't know someone well enough to ask for a letter, or that too much time has passed since you interacted with a potential letter author (usually an attending physician or community faculty). It's in your best interest to avoid making these excuses.

POTENTIAL LoR AUTHORS

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

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

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

BEST PRACTICES FOR REQUESTING LoRS

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

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

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

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

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

LETTERS OF RECOMMENDATION IN ERAS

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

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

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

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

Medical Student Performance Evaluation

The medical student performance evaluation (MSPE) is a required piece of your application for residency training. It is provided as a summary letter from your medical school. It is intended to provide residency program directors an honest and objective summary of a student's salient experiences, attributes, and academic performance.

MSPE RELEASE DATE

There have been significant recent efforts to emphasize increased standardization across schools and inclusion of grading rubrics and comparative performance data. A new effort is underway to reconsider the content and structure of the MSPE to improve access to longitudinal assessment data about applicants so that programs can gauge an applicant's current competence, the trajectory of growth during medical school, and trust in accuracy.

PREPARATION FOR THE MSPE

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

- When can you begin scheduling appointments to visit with the dean?
- Whom should you contact to schedule an appointment?
- What resources should you have in preparation for your meeting with the dean? Should you have a draft of your CV and personal statement ready? What other information (e.g., transcripts, list of potential residency programs) should you bring along?
- How long does it take for the MSPE to be drafted, signed, and sent out?
- Will you have the opportunity to review your MSPE before it is sent out?

Misdemeanor/Felony Questions

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

What to Know About Family Medicine Residencies

There are more than 700 family medicine residency programs in the United States, and no two programs are exactly alike. When considering a residency, you'll have many exciting options and will want to fully weigh a variety of factors, including the program's curriculum, faculty, benefits package, community, and other characteristics.

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

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

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

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

Table 2 provides an example of a block schedule at a three-year program in an urban center. Each block is four weeks long, unless otherwise noted. This sample schedule does not include extra schedule details that programs would likely share (and often post online), such as time off or shift length requirements.

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

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

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

— MARGARET MILLER, MD, MPH
RESIDENT FAMILY PHYSICIAN
CHARLESTON, SC

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TABLE 2. Sample Block Schedule at an Urban Residency Program

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

ECG = electrocardiogram; FM = family medicine.
Second and third year also include longitudinal experiences on care of the elderly and care of children age nine and younger.

The Three Stages of Residency Selection

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

Stage 1: Identifying your personal priorities and conducting preliminary research

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

Stage 2: Gathering subjective information

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

Stage 3: Interviewing at residency programs

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

Resources for Every Stage

Stage 1

- Browse individual residency program websites
- Search the AAFP Family Medicine Residency Directory (available as an interactive tool in the “For Students” section of the AAFP app and online at www.aafp.org/medical-education/directory/residency/search)
- Search for programs on social media to learn more about them
- Attend residency fairs at local, regional, and national conferences, including the AAFP National Conference
- Attend residency virtual meet and greets and open houses

Stage 2

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

Stage 3

- Use a logical tool, such as a sample modified decision table (*Table 3*), to help you systematically quantify the pros and cons of each program by the factors that are most important to you
- Download the AAFP app and use the tools in the “For Students” section. The app includes an interactive version of *Table 3*, plus other features that will help you keep track of programs you're interviewing with, take notes, and make decisions about your rank list. Also, use the questions tool to curate and export a list of items to ask about during each interview.

TABLE 3. Sample Modified Decision Table

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

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

— BEN MEYERINK, MD, SIOUX FALLS, SD

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

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

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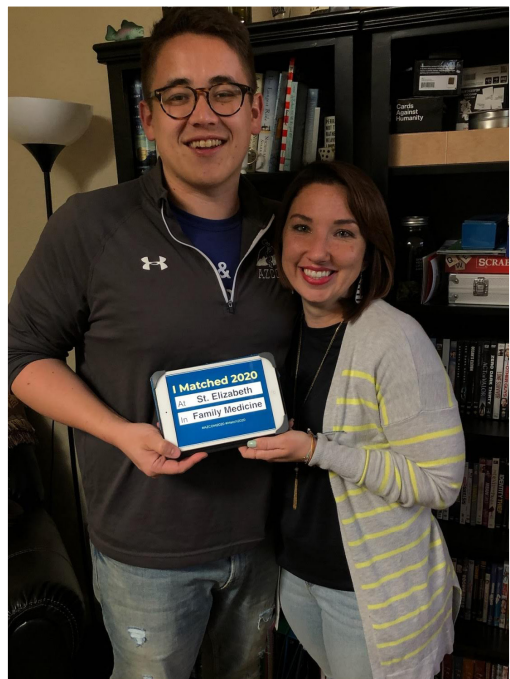
Residency Fairs

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

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

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

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



Conversation Starters

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

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

Try the following questions to get a conversation started:

Questions to Ask Faculty

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

Questions to Ask Residents

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

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

— MICHELLE BYRNE, MD, MPH, CHICAGO, IL

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Conferences and Events

AAFP National Conference of Family Medicine Residents and Medical Students

July 28-30, 2022 | Kansas City, MO
www.aafp.org/nc

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

Family Medicine Midwest Conference

October 7-9, 2022 | Minneapolis, MN
<https://www.fmmidwest.org/>

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

Family Medicine Education Consortium (FMEC) Annual Meeting

September 16-18, 2022 | Arlington, VA
www.fmec.net

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

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

January 26-29, 2023 | New Orleans, LA
www.stfm.org/conferences/mse/overview

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

AAFP Chapter Meetings

Your chapter of the AAFP hosts an annual meeting that may include opportunities to interact with residency programs. Visit your chapter's website or contact the chapter to ask about events in your area. AAFP members can access a chapter directory at **<https://app.aafp.org/sf/s/searchdirectory?id=a233l0000020Q3X>**.

Residency Directories

AAFP Family Medicine Residency Directory

In the "For Students" section of the AAFP app as part of a comprehensive matching tool and online at **<https://www.aafp.org/medical-education/directory/residency/search>** Captures information about family medicine programs beyond what most other residency directories provide. In the app, the directory is an interactive tool that allows you to find and favorite programs, take notes, rank residencies, and more.

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

www.ama-assn.org/life-career/search-ama-residency-fellowship-database

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

Tip:

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

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

Residency Explorer

www.residencyexplorer.org

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

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

<https://apps.acgme.org/ads/Public/Programs/Search>

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

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

— MARGARET MILLER, MD, MPH
RESIDENT FAMILY PHYSICIAN,
CHARLESTON, SC

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Tip:

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

Do's and Don'ts of Residency Selection

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

Finding Osteopathic Training in Residency

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

One marker of a residency that will provide training and opportunities in OPP/OMT is osteopathic recognition, a designation offered by the ACGME. Programs must meet certain requirements to receive this accreditation. They will likely require residents to participate in OPP didactic lectures and scholarly activities, and to integrate OPP into patient care by providing OMT and other therapies. Some programs with osteopathic recognition will designate a number of their positions to be filled specifically with applicants who will pursue osteopathic training. Applicants can use a search tool on the ACGME's website (<https://apps.acgme.org/ads/Public/Reports/Report/17>) to find programs with osteopathic recognition. The ACGME website also tracks which of the programs that are now accredited by the ACGME were previously accredited by the American Osteopathic Association (AOA).

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

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

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

Narrowing Down Your List of Programs

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

Factors to Consider

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

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

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

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

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

PARALLEL PATH APPLYING

While most students apply to programs in one single (or dual) specialty, an increasing number of students have applied to more than one specialty in recent years. This trend is likely due in some part to concern about increasing competitiveness in the Match, and in some part to limitations on specialty exploration experiences due to the COVID-19 pandemic. In the academic community, this is called “parallel path” applying. Still, more than three-quarters of students applying in family medicine apply only to family medicine.

For students applying in family medicine, it is often the case that students could see themselves happy and successful in more than one specialty — especially likely with students who are attracted to this “do it all” specialty. Family medicine is also the second largest specialty in the Match as family medicine residencies exist in communities of every size all over the country, rather than only in large academic health centers in metropolitan areas as with some more niche specialties.

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



Applying to more than one specialty can also be a red flag to programs. Programs are looking for residents who will be successful at their programs and applying in more than one specialty can reflect a lack of dedication. While Match rules prohibit programs from asking you about your other applications, it can also be challenging to be authentic and open if you're trying to hide that you're interested in more than one specialty.

What's most important is that your strategy is not dependent on "back up" or "safety" programs or specialties. Everywhere you rank should be somewhere you plan to commit to for the duration of the residency and to a career in that field. If you are having a hard time deciding, make sure you prioritize specialty exploration experiences early on in medical school so that you can make your choice.

If you choose to apply in more than one specialty and it becomes clear to you during the interview process that you are meant to be a family physician, you may want to circle back with programs you interviewed with early on to make sure they know you're dedicated and committed.

Tip:

If you came to your specialty choice later in medical school, meet with an advisor on your campus to get advice about your approach to applications. Also, connect with the department of family medicine at your school to learn about opportunities to gain experiences in family medicine and show your dedication.

Navigating the Match

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

The best way for you to navigate the Match is to find an adviser who is well versed in current family medicine residency application practices.

Your adviser should understand variations in regional and program competitiveness, and help you determine the appropriate number of family medicine residency programs to apply to. An 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
- Your exam scores
- Your extracurricular activities
- Your career plans
- Any special circumstances

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

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

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SECTION 5

APPLYING TO RESIDENCY PROGRAMS

What is ERAS?

The Electronic Residency Application Service (ERAS®) was introduced by the Association of American Medical Colleges (AAMC) in 1995 to automate the residency application process. The service uses the internet to transmit residency and fellowship applications, letters of recommendation (LoRs), deans' letters, transcripts, and other supporting credentials from applicants and medical schools to residency and fellowship program directors.

ERAS itself is not a matching service, and applicants who use ERAS must do so in conjunction with one or more matching services, such as the National Resident Matching Program® (NRMP®) Main Residency Match®. Table 4 shows the application season cycles in ERAS.

TABLE 4. ERAS Application Season Cycles

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

ACGME = Accreditation Council for Graduate Medical Education.

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

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

How Does ERAS Work?

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

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

Tips for each Step in ERAS:

- Customize certain application documents for different programs, especially your personal statement and letters of recommendation
- Check the websites of programs you're applying to ensure you fully understand their application requirements
- Start your application early and submit it to your programs of choice on, or as close as possible, to the day applications open
- After you apply, monitor the email account you provided to quickly respond to interview offers or ask for supplemental application information
- An ERAS token is required to register with the process, but it is different for U.S. and international applicants; international medical students should visit the Educational Commission for Foreign Medical Graduates or Canadian Resident Matching Services for their tokens

Application Checklist:

- Complete and submit MyERAS application and personal statement(s)
- Authorize United States Medical Licensing Examination® (USMLE®) and/or COMLEX-USA® transcripts
- Upload a professional photo through MyERAS
- Add and confirm LoR authors and provide them the personalized letter request form generated by MyERAS
- Ask all LoR authors to upload (or designate someone to upload) LoRs using the ERAS Letter of Recommendation Portal
- 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

Where Can I Find Additional Help?

- **Your dean's office** is always the first step in resolving and troubleshooting problems
- **Online support from MyERAS** can help while you're using the software. MyERAS also has an **instruction manual** that provides a wealth of information.
- **The ERAS website** has a frequently asked questions (FAQs) section at <https://students-residents.aamc.org/applying-residency/faq/faq-eras-residency-applicants/>.

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

— MATT PETERS, MD,
KLAMATH FALLS, OR

- The **ERAS HelpDesk** is available:
 - Online: www.aamc.org/services/eras/397214/erascontactform.html
 - By phone: (202) 862-6264 (staffed 8 a.m. to 6 p.m. ET, Monday through Friday)
 - On Twitter: @ERASinfo

How many programs should I apply to?

Unfortunately, there is no magic number of programs to apply to. A trusted adviser or faculty member who is familiar with the current Match environment is likely your best source for guidance.

Data can help inform your application strategy. To provide a frame of reference, the AAMC published data on 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 that point of diminishing returns). Data from 2013-2018 shows that most U.S. MD and DO applicants were successful sending 15-26 applications in family medicine.

However, ERAS statistics show the average number of applications in family medicine for U.S. MD students is about 35, DO students is about 48, and more than 60 for international students. This discrepancy is what's known as "application inflation" and is challenging the efficacy of the process.

The AAMC did not publish data for international student applicants because of the wide variation.

To determine the magic number of programs to apply, work with an advisor from your school's family medicine department or someone who knows the family medicine

residency environment well. Consider your own application credentials, the geographic region you're considering, the competitiveness of programs you're applying, whether you are a couple matching together, and other factors that could impact your success.

AAMC point of diminishing returns charts were created with data from 2013-2018 and reflect criteria that have changed – most significantly the elimination of the USMLE Step 1 score. Data on osteopathic applicants is also limited by its reliance on only USMLE scores. These charts still provide a frame of reference to consider, but also reflect somewhat different conditions than the current environment.

Figure 1 shows the results of the study on U.S. allopathic medical students and *Figure 2* shows the results for osteopathic medical students applying to family medicine residency programs. Data on the point of diminishing returns for osteopathic students are limited and do not assess Comprehensive Osteopathic Medical Licensing Examination (COMLEX) scores — only USMLE Step 1 scores.

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

FIGURE 1. Point of Diminishing Returns for Entering a Family Medicine Residency Program for U.S. MD Applicants (2013-2018)

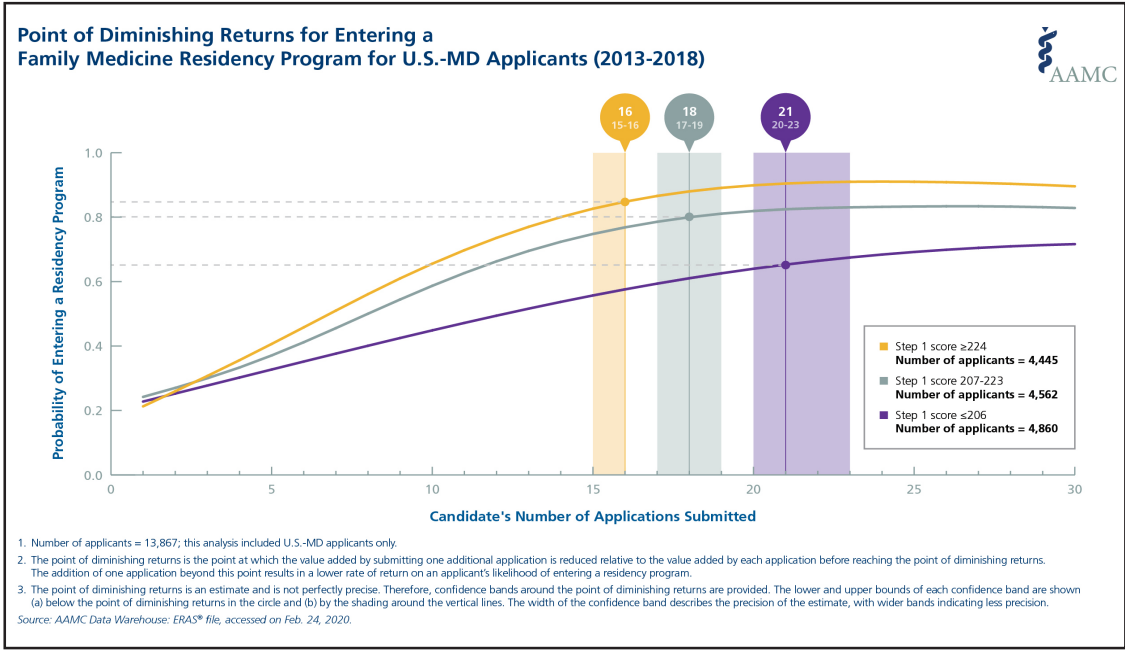
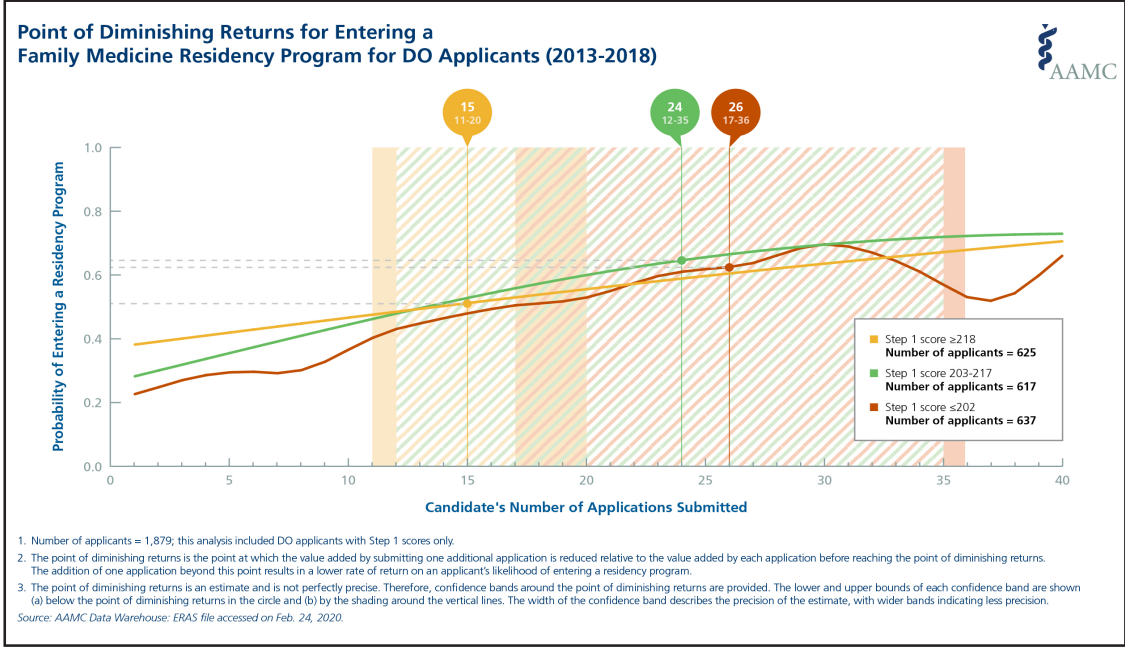


FIGURE 2. Point of Diminishing Returns for Entering a Family Medicine Residency Program for DO Applicants (2013-2018)



The Residency Interview

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

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

“

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

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

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Three Key Interview Objectives

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

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

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

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

Virtual Interview Formats

In 2020, the COVID-19 pandemic led to a dramatic shift away from in-person residency interviews to virtual interviews. The lasting effects of that shift will mean that more family medicine residencies will use virtual interviews for at least part of the recruitment and interview process. The following are virtual application and interview structures you may encounter:

- **Secondary applications:** Some programs use secondary applications to gain additional information about candidates. These applications are distributed after programs receive your application through ERAS and would be program-specific and submitted directly back to the program. Interviews would then be offered only to specific candidates after the secondary applications are reviewed. It's important to pay attention to requests to complete secondary applications and the timelines requested by programs since this is an extra step in the process.
- **Standard interview questions:** Some programs may ask you to respond to standard interview questions and even to record your responses and submit them. These one-way interviews are most likely to be part of the secondary application or used in conjunction with live two-way interviews.

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

— MARGARET MILLER, MD, MPH
RESIDENT FAMILY PHYSICIAN
CHARLESTON, SC

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Tip:

The AAMC offers a collection of resources on virtual interviewing, including tips for students on interview formats, identifying a suitable environment, setting up (including technology), practicing, and responding to questions at www.aamc.org/what-we-do/mission-areas/medical-education/conducting-interviews-during-coronavirus-pandemic.

- **Virtual interview days:** Virtual interviews are now the most common interview format in family medicine. Programs may recreate what would have been an in-person interview day with a virtual interview day, which would involve spending multiple hours in a row engaged with the program in video conferences and also likely spending some time with a group of candidates learning about the program. Many programs will have a variety of experiences, such as informal conversations with residents, structured interviews with the director and key faculty, and tours or guided information sessions.
- **Asynchronous video interviews:** In this format, the components of the interview are separated out and you may be able to sign up for different steps of the interview at different times and different days.
- **Second look:** Family medicine residencies have not used second-look interviews often, but the virtual process may lead to more of these taking place. It is important to ask about follow up and next steps before the conclusion of your main interview components so you can understand the opportunities to continue your engagement with that program.



What Medical Students* Told the AAFP About the 2021 Match



Family medicine had its largest match in history.



*AAFP student members who applied to family medicine residencies and responded to an AAFP survey after the 2021 National Resident Matching Program.

99%
Matched

90%
Matched into one of their top 3 residency programs

What students said

92%

felt their class had more anxiety about the Match than previous classes **due to pandemic impacts.**

56%

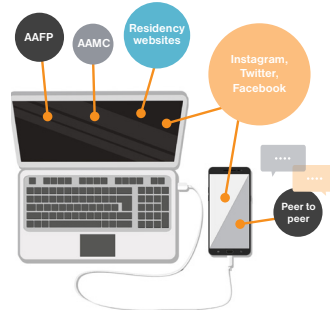
were **uncertain** about how their application would be evaluated.

35%

felt it was **difficult to stand out** as an applicant.

Most students said **they applied to more programs than they would have if recruitment had been in-person.**

How students were informed



What did virtual interviews look like?

- Format was typically **multiple interviews** with a single program scheduled on a single day
- Students said it was a **casual meeting environment** with program representatives
- Interview format was **communicated clearly and timely** to students
- Lack of travel and similar interview formats made it **difficult to differentiate programs**
- Students were mixed about whether they could **represent themselves better virtually or in-person**
- **3 out of 4 students traveled** to the community of the program they matched to
- Most students would **recommend both virtual and in-person interviews** in the future

Strolling Through the Match



This comprehensive guide was one of the most popular resources used by students.

94%

Agreed information was **easy to find**

84%

Said it had **information not readily available elsewhere**

AAFP Takeaway

Listening to our **student members** is vital to understanding how we can **help future classes** of students **successfully match** in family medicine.

What the AAFP is doing to help



Bringing the student voice to decisions about future residency recruitment processes



Producing webinars and events to provide guidance to students



Enhancing Strolling Through the Match and web resources with guidance on virtual interviews, SOAP, and high-need content areas



Publishing specific data and guidance to help students find the right programs



Supporting and guiding medical student advisors and sharing insights from our student members

Information based on survey of fourth-year medical students who participated in the 2021 NRMP Main Match. MED2100497

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

— ALEXA MIESES, MD, MPH
DURHAM, NC

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Interview Scheduling Tips

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

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

- **Pace yourself:** When interview offers start coming in, make sure to respond quickly, but don't fill up your entire schedule before you've had a chance to hear from the programs you're most interested in. Many applicants schedule too many interviews; end up running out of time, money, or interest; and drop interviews late in the season.
- **Take every interview seriously:** Don't treat any interviews as "practice interviews." This is a waste of your time and the program's. Make sure any program at which you accept an interview is one you're seriously considering.
- **Confirm the details:** Contact programs to confirm your appointment about a week before your scheduled interview. This will give you an opportunity to confirm the place and time of your meeting, find out who you're going to meet first, and perhaps learn some other details (e.g., where you should park).
- **Practice:** Don't underestimate the value of practicing answering and asking interview questions. Often faculty in your school's family medicine department or a local family medicine residency will be willing to rehearse with you. See if your school's FMIG offers interview preparation. At the very least, find a friend or classmate to role play interviewing with. It will make you much more comfortable for the real interviews.
- **Allow ample time:** Typically, an in-person interview will take several hours and include dinner with residents, and potentially faculty, the night before. If your schedule permits, allow some extra time to tour the community and get a feel for what it might be like to live there.
- **Involve your spouse/partner/significant other, if possible:** If your spouse/partner/significant other will be accompanying you on your interviews, you may want to plan additional time to assess other aspects of the program and community that are important to him or her. Some programs involve spouses/partners/significant others in the interview process (e.g., offering tours of the community or other organized activities), but not all do. Clarify this with the program ahead of time so that you know what to expect and how to organize your schedule.
- **Be thoughtful when you cancel:** If you can't attend an interview, give the program at least a week's notice.

Well-being During Interview Season

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

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

- **Know your worth:** Remember that what happens during the Match is not what determines your worth as an individual. Trust the process and prepare as well as you can for it, but don't let whatever ultimately happens define you or your future.
- **Put things in perspective:** Keep in mind that you're interviewing programs as much as they're interviewing you. Do what you can to give yourself a sense of control during the experience.
- **Build yourself up:** Before you interview anywhere, remind yourself what you're most proud of accomplishing during medical school and reflect on all the ways you've grown throughout training. This exercise will build your confidence and self-compassion. It can also prepare you for behavioral interview questions, which can only be answered well by drawing on your personal experience.
- **Reach out for support:** Make time to connect with medical school peers and your support network of family, friends, and/or mentors. It can be helpful to talk

Helpful Tools

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

about what you're going through with people who intimately understand the unique challenges of the Match, as well as people who simply know you well and are champions for your success.

- **Let go of mistakes:** Not every interaction on the interview trail will be perfect. If you come away from an interview feeling defeated, don't obsess over what you think went wrong. Identify what you'll do differently in the future to avoid a similar outcome.

“

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

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

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Budgeting for Interview Season

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

Budgeting Tips

- Don't spend money interviewing at more programs than you need to. Interview expenses for both students and residencies have grown significantly in recent years, but without any corresponding positive outcome or benefit. Essentially, there are the same number of candidates, but candidates are interviewing at more programs, largely motivated by fear and misguided advising.
- Don't go on an interview if you don't plan on ranking the program. It's a waste of money and time.
- If you're flying to multiple sites, ground transportation costs can quickly become a burden on your bank account. Public transit and hotel or airport shuttles can help minimize costs, when accessible.
- Find out if the residency program offers virtual interviews. This isn't a common practice yet, but some programs are piloting virtual interviews, especially in the first round.
- Coordinate in-person interviews geographically, if possible. This can help you maximize your travel time, particularly if you're traveling far from home or school. However, be careful not to schedule so many back-to-back interviews that you're too tired to represent your best self.
- If you have a spouse/partner/significant other, strategize which locations you need to see together. He or she might not need or want to visit every program with you.
- Ask residency programs that invite you to interview what arrangements they make for interviewees. Family medicine programs are more likely than some specialties to offer assistance and support for travel-related expenses. Many offer lodging for your interview, and some even offer to cover other travel expenses.
- If you're interviewing in a city where you can stay with a friend or family member, take the opportunity to save yourself some money and spend quality time with someone who cares about you.
- If you're flying on an airline that charges extra for carry-on items or checked bags, try to pack light. You'll probably want to bring your interview outfit as a carry-on item anyway so you don't run the risk of not having it once you arrive.
- Most, if not all, interviews will include a dinner as part of the process. Some may offer breakfast and lunch, too. To save on meals the day before or the day after your interview, pack food or pick up a few essentials at a grocery store.

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

Preparing for Your Interview

- Be prepared to **answer the following questions**:

- Who are you and what are you about?
- Why did you choose family medicine?
- Why did you choose to apply to this residency?
- What are your strengths?
- What are your weaknesses?
- What are your overall career goals?
- How would you describe yourself?
- What do you like to do in your free time?
- Describe a particularly satisfying or meaningful experience during your medical training. Why was it meaningful?

- Be prepared to **answer questions with specific examples and behaviors that showcase what you want them to understand about you**. Don't just make general statements. For example, rather than answering a question by saying, "I'm a team player," you should say, "Here's an example of how I have been able to work with others to accomplish a collective goal."

- Be prepared to **adjust to different interviewing styles**.

- Be prepared to **"interview yourself" if your interviewer doesn't ask you great questions**. Practice your personal narrative, but don't over-rehearse. Be familiar with what you're going to say, but don't practice so much that you don't answer questions genuinely. To avoid sounding scripted, pause before you answer questions you've been asked in multiple interviews. Jumping in too soon after an interviewer finishes a question can make your response seem canned.
- Be prepared **for the possibility of behavioral interviewing**, during which you might be presented with a case or situation and asked to respond as you would if the case/situation was really occurring.
- Be prepared to **ask your interviewers to give examples or anecdotes when you ask them questions**. It's absolutely appropriate to ask them to elaborate on an answer such as, "Yes, we can offer experience in that area of interest" by saying, "Can you give me an example of a resident who has done this and what it looked like?"

“

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

— DEB CLEMENTS, MD, FAAFP
CHICAGO, IL

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DO YOUR RESEARCH

Before your interview, do some research to find out:

Residency program's mission and the patient population it serves

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

Names of your interviewers

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

Information about the community

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

“

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

— CHANDLER STISHER, MD, HUNTSVILLE, AL

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YOUR INTERVIEW QUESTIONS

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

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

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

Suggested Interview Questions

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

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

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

Tip:

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

“

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

- 1. Why did you pick this program?*
- 2. If you could change one thing about the program, what would it be?*
- 3. How is your relationship with faculty?*

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

— GRACE OLIVER, MD, KANSAS CITY, KS

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On Interview Day

In addition to the program director, you should talk to other faculty members, residents from different levels of training, and any other individual with whom you would have significant contact as a resident in that program. Often, the residency program will have prepared your itinerary, listing the names of the people you're going to meet and the amount of time allotted for each person.

Remember that all members of the faculty and staff may be critiquing you as soon as you start an interview. You should see the hospital and clinic facilities during your interview. If you have free time, spend it in places where there are residents. This will give you a better feel for the actual working environment.

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

Interview Basics

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

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

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

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



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

Table 5 is an example of a staggered interview schedule that accommodates multiple candidates. In addition to the one-on-one interview times, this program's interview plans also include:

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

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

— MATT PETERS, MD,
KLAMATH FALLS, OR

TABLE 5. Sample Staggered Interview Schedule

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

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

— MICHELLE BYRNE, MD, MPH, CHICAGO, IL

Taking Notes on Your Interview

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

“

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

— KATIE HARTL, MD, TUCSON, AZ

”

PROHIBITED INTERVIEW QUESTIONS

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

Parental Leave, Pregnancy, and Child-Rearing Plans

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

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

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

RESIDENCY INTERVIEW CHECKLISTS

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

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

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

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

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

Knowing NRMP rules that govern the matching process and your rights and responsibilities under the Match Participation Agreement will help you navigate the Match in a professional manner. The NRMP and the Council of Medical Specialty Societies (CMSS) have developed a tip sheet for the Match, available at <https://www.nrmp.org/wp-content/uploads/2021/12/2022-MRM-Applicant-Checklist-r1.pdf>.

(ERAS®) and the NRMP, and have current contact information available, including address, phone number(s), and email.

- **DO** understand that if you're invited by the program for a second visit, it can be made at your discretion and should not have a bearing on the program's rank order list (ROL).
- **DO** be careful about sharing your ROL with others, including classmates, residents, your medical school, and residency faculty. You never know how the Match will turn out.
- **DON'T** misinterpret post-interview follow up from programs as a commitment from them. Determine your ROL based on your preferences.
- **DON'T** send multiple generic emails to the same program director or residency faculty. Make your follow-up contact personal and ask direct questions about the program.
- **DON'T** go back for a second visit unless you are invited. Residency programs are not prepared for uninvited guests.
- **DON'T** post positive or negative comments on your social media accounts regarding your interviews.

Second Looks

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

“

Don't be concerned if a program doesn't follow up with you. Many are very cautious about post-interview communication to avoid risk of a Match violation. But you may absolutely communicate with a program to let them know your appreciation for their consideration and your continued interest in their program.

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

”

Tips for Ranking Residency Programs

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

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

- **Take your time.** It can be helpful to put your notes aside for a while to give yourself some time to air your thoughts. Talk through your reasoning with advisers, friends, and family, but remember that the final decision is yours.
- **Don't overestimate yourself.** Although you may think you will match at your top choice, you increase your chances of not matching by listing only one program.
- **Don't underestimate yourself either.** If you really want to go somewhere in particular, rank that program first, even if you don't think you have much chance. The program may not get its top 10 choices, and you might be number 11 on its list. Ranking a competitive program first won't negatively influence your chances of matching to less competitive programs lower on your list. Remember, only you will know what rank you matched.
- **Don't list programs that you don't want.** If you do, you might end up at one of these programs. Decide whether it is better to be unmatched than to be matched to a program that you don't want.
- **Rank according to your priorities.** Remember that the order in which you rank programs is crucial to the Match process. Upon casual consideration, one or more programs may seem fairly equivalent to you. But if you take the time to consider carefully, you may discover reasons you would rank one program higher than another. The matching algorithm is fair, but it is also indifferent to anything other than the ROL provided. If you rank one program above another, it will put you in the first program if it can. It won't stop to consider that, after all, maybe geographic location is more important to you than a higher faculty-to-resident ratio.
- **Don't make your list too short.** On average, unmatched students' lists were shorter than matched students' lists. The average ROL for all Match applicants was 10.91 programs in 2018, up from only 7.46 in 2002.
- **Start over, if necessary.** If you've completed your interviews but decide that you still haven't found what you wanted, look at some more programs. Don't be too frustrated if this is necessary. It's better to put in a little extra legwork now than to have lingering doubts later.

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

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



“

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

— BEN MEYERINK, MD, SIOUX FALLS, SD

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SECTION 7

THE MATCH: WHAT IT IS AND HOW IT WORKS

What is the Match?

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

What is the NRMP?

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

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

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

STEP 1

Applicants register with the NRMP after submitting an ERAS application. The NRMP website outlines applicant registration steps in detail.

STEP 2

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

STEP 3

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

STEP 4

Between Rank List Submission Day and Match Day, the NRMP:

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

“

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

— ALEXA MIESES, MD, MPH,
DURHAM, NC

”

The entire NRMP process is conducted online using the Registration, Ranking, and Results® (R3®) system. Via the online portal, applicants can pay registration fees, enter rank order lists, and receive Match communications.

How Does the Matching Algorithm Work?

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

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

Basic Rules of the Match

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

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

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

Programs sponsored by some branches of the Uniformed Services do not participate in the NRMP.

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

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

Tip:

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

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

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

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

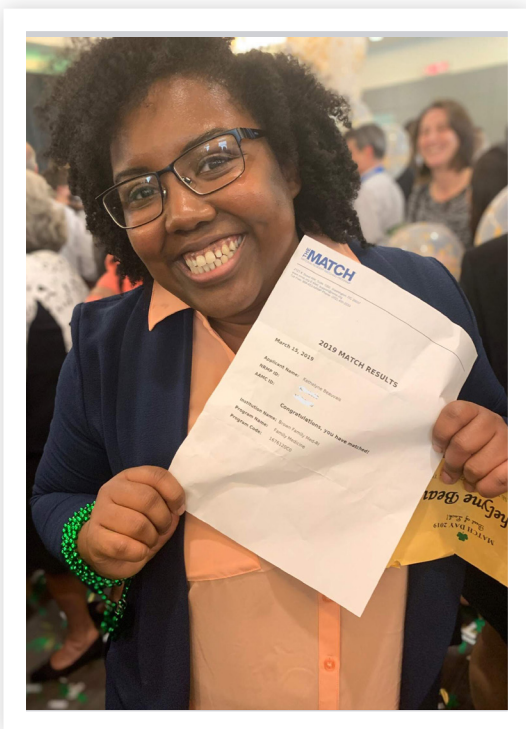
ALL IN POLICY

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

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

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

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



What Are My Chances of Matching?

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

What do the numbers say?

The 2021 NRMP Main Residency Match had 35,194 PGY-1 residency positions available and 42,508 active applicants (applicants who submitted a ROL). Considering all specialties, there were 0.83 positions available per applicant.

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

In the 2021 Match, 4,493 applicants matched in family medicine or a family medicine combined program, with 4,844 positions offered. For categorical family medicine, only 1.6% of U.S. allopathic seniors and 4.1% of osteopathic seniors who applied were unmatched. For categorical family medicine, there were 1.7 positions available per U.S. applicant.

Stat Snapshot

In the 2021 NRMP Match:

- 83.2% of U.S. allopathic seniors matched to their preferred specialty.
- 76.9% of osteopathic seniors and graduates matched to their preferred specialty.
- 65.9% of US-citizen international medical students matched to their preferred specialty, and 56.1% of foreign international medical students matched to their preferred specialty.

To view all the results for the family medicine specialty from the 2021 NRMP Match, visit <https://www.aafp.org/students-residents/residency-program-directors/national-resident-matching-program-results.html>.

“

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

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

Third, after the Match and before you start your residency, take as much time off as possible. It is unlikely that you will have more than two weeks off at a time for the next several years, so make the most of it.

See something you've never seen before.

— STEWART DECKER, MD, MPH, KLAMATH FALLS, WA

”

Charting Outcomes in the Match

The NRMP has produced special research reports to provide some data on characteristics of applicants who matched to their preferred specialty. Reports exist for U.S. allopathic seniors,U.S. osteopathic seniors, and international medical graduates (IMGs). Tables 6-8 summarize the outcomes for family medicine. **The full reports can be found at www.nrmp.org/match-data-analytics/.** The USMLE Step 1 and COMLEX-USA Level 1 examinations change to pass/fail scoring in 2022.

TABLE 6. Summary Statistics on U.S. MD Seniors, *Family Medicine*

Measure	Matched (n=1,341)	Unmatched (n=44)
1. Mean number of contiguous ranks	12.1	4.8
2. Mean number of distinct specialties ranked	1.1	1.3
3. Mean USMLE Step 1 score	221	209
4. Mean USMLE Step 2 score	238	222
5. Mean number of research experiences	2.2	2.1
6. Mean number of abstracts, presentations, and publications	3.3	2.5
7. Mean number of work experiences	3.5	3.4
8. Mean number of volunteer experiences	8.0	5.1
9. Percentage who are AOA members	6.4	4.5
10. Percentage who graduated from one of the 40 U.S. medical schools with the highest NIH funding	26.7	15.9
11. Percentage who have Ph.D. degree	0.7	0.0
12. Percentage who have another graduate degree	17.5	18.4

Note: Only U.S. MD 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 7. Summary Statistics on U.S. DO Seniors, *Family Medicine*

Measure	Matched (n=1,167)	Unmatched (n=67)
1. Mean number of contiguous ranks	11.2	4.2
2. Mean number of distinct specialties ranked	1.1	1.4
3. Mean COMLEX-USA Level 1 score	495	454
4. Mean COMLEX-USA Level 2-CE score	526	469
5. Mean USMLE Step 1 score	218	207
6. Mean USMLE Step 2 CK score	233	223
7. Mean number of research experiences	1.5	1.5
8. Mean number of abstracts, presentations, and publications	2.1	2.0
9. Mean number of work experiences	3.5	3.2
10. Mean number of volunteer experiences	7.0	5.8
11. Percentage who have Ph.D. degree	0.3	3.4
12. Percentage who have another graduate degree	22.7	23.3

Source: NRMP Data Warehouse
Note: Only U.S. DO seniors who gave consent to use their information in research are included.

TABLE 8. Summary Statistics, *Family Medicine*

Measure	U.S. IMGs		Non-U.S. IMGs	
	Matched (n=1,167)	Unmatched (n=67)	Matched (n=294)	Unmatched (n=243)
1. Mean number of contiguous ranks	6.4	2.2	4.3	2.1
2. Mean number of distinct specialties ranked	1.3	1.4	1.4	1.4
3. Mean USMLE Step 1 score	211	206	219	213
4. Mean USMLE Step 2 score	226	218	229	225
5. Mean number of research experiences	1.5	2.5	1.8	2.9
6. Mean number of abstracts, presentations, and publications	1.9	3.0	2.9	3.5
7. Mean number of work experiences	4.3	5.9	6.3	7.4
8. Mean number of volunteer experiences	4.8	4.5	5.4	4.3
9. Percentage who have Ph.D. degree	0.2	1.2	0.7	2.3
10. Percentage who have another graduate degree	22.0	32.1	22.0	27.0

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

Sources: NRMP Data Warehouse

Tips

Based on its “Charting Outcomes in the Match” statistics, the NRMP recommends the following straightforward advice:

- Rank all of the programs you really want, without regard to your estimate of your chances with those programs.
- Include a mix of both highly competitive and less competitive programs within your preferred specialty.
- Include all of the programs on your list where the program has expressed an interest in you and where you would accept a position.
- If you are applying to a competitive specialty and you want to have a residency position in the event you are unsuccessful in matching to a program in your preferred specialty, also rank your most preferred programs in an alternate specialty.
- Include all of your qualifications in your application, but know that you do not have to be AOA, have publications, or have participated in research projects to match successfully.

What is the SOAP?

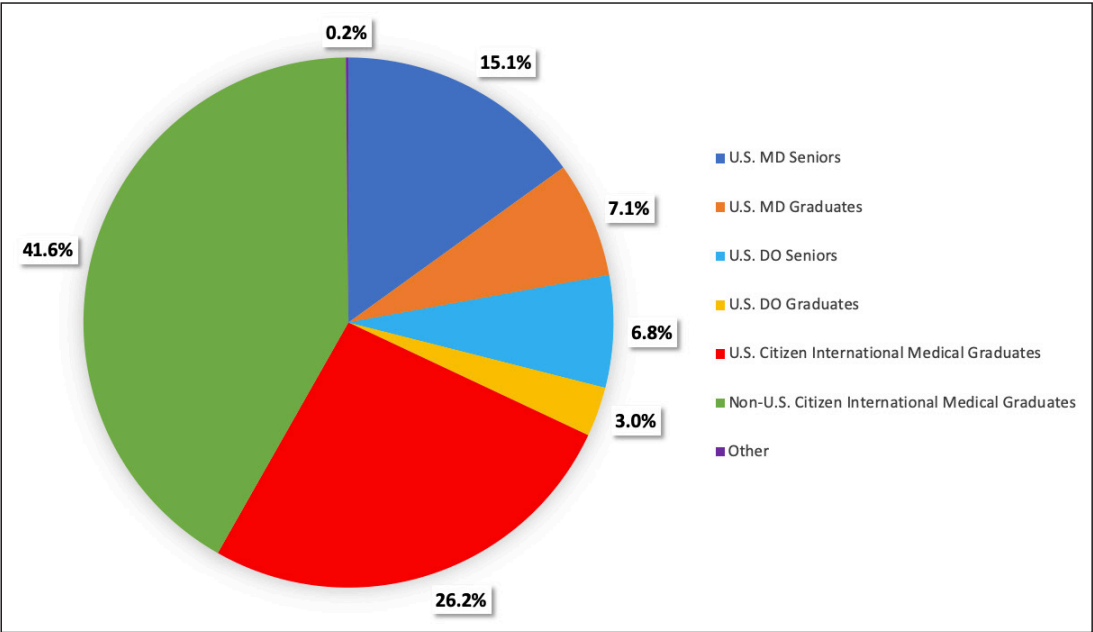
The Supplemental Offer and Acceptance Program® (SOAP®) is a program run by the NRMP that takes place during Match Week to match any unfilled residency positions with unmatched applicants. On Monday of Match week, medical students find out if — but not where — they are matched. Unmatched applicants who meet eligibility requirements can participate in the SOAP to try to obtain an unfilled residency position. *Figure 3* shows a breakdown of participants in the 2021 SOAP.

Keep in Mind

It's not true that only "bad" programs don't fill. A program may not fill if its ROL is at odds with the applicants who ranked it or if its list is too short. There will likely be multiple programs you would find desirable that end up with unfilled positions after the Main Residency Match. There will also be newer programs that received ACGME accreditation too late in the recruitment cycle to interview enough students.

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

FIGURE 3. Breakdown of SOAP Participants in 2021



Data Source: National Resident Matching Program Results and Data: 2021 Main Residency Match.

SOAP Facts

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

Don't Skip Straight to the SOAP

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

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

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

2021 SOAP BY THE NUMBERS

- **1,993** = Number of unmatched positions after the Main Residency Match
- **1,892** = Unmatched positions offered in the SOAP
 - 1,815 PGY-1 positions offered (of which half were PGY-1 only, meaning transitional year or preliminary positions)
 - 348 family medicine positions offered
- **1,773** = Positions filled in the SOAP
 - 1,730 PGY-1 positions filled

After the 2021 SOAP, 99.6% of all positions offered in the Match were filled.

After You Match

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

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

Tips From the Experts

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

SECTION 8

REAL STORIES FROM THE MATCH

“Match Week put me through a roller coaster of emotions. It went from elation on Monday when I found out that I indeed landed a residency spot somewhere, followed by anxiety regarding where that somewhere is, which was ultimately replaced by elation when I finally found out where I would spend the next three years of training. If I close my eyes now, I can still picture a specific moment in Match Day when one of my medical school mentors handed me my envelope. It took only seconds before I opened it, quickly read the name, and proceeded to scream in excitement. My mother, who still had no idea where I was going, was also screaming next to me, clearly thrilled because I was happy. That is what continues to stand out to me about the day – the amount of love and support that filled that gym – regardless of outcome.”

- Astrud Villareal, MD

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

- John Heafner, MPH

“I spent weeks reminding myself of one all-important fact: I had the inestimable privilege and responsibility of self-determination both before and after Match Day. Where I matched wouldn't change that. So, as you approach Match Day, please remember:

- Practice internal consistency wherever you are, and you will be proud of yourself.
- If you are feeling an emotion, allow yourself to feel it.
- Allow yourself to talk about it, to be honest about it. If you are distraught, talk to someone who loves you and

isn't afraid to tell you why. This, by the way, is important for every day, not just Match Day, and every emotion, not just disappointment.

- You're going to be a great doctor. You're already a great person, and that's arguably more important. Do not forget it, no matter what happens. Just remember to do the compassionate, thoughtful, generous things that make you, you – wherever you are. It's the family doctor way.”

- Stewart Decker, MD

“It taught me that passion for communities is not enough to care for them. The business of medicine is not something that is taught in medical school, but it is vital to understand if you want to make a sustainable change in a community. From my residency experience, I learned how important the AAFP is in fighting for what is important in family medicine and allowing great doctors to practice the medicine they think is needed for their community....

“For all of you contemplating taking a risk this Match Day, my advice is to go for it. There is more to being a doctor than medicine, and I hope you match into a program that will challenge you and help you grow to become a physician leader.”

- Michael Richardson, MD

“I matched to my first choice! I felt myself fill with energy and I began to cry – that ugly, red-faced, silent cry – as more than 10 years of blood, sweat, and tears (and lots of studying and sacrifices) raced through my brain at once. I was elated! I was living the moment for which I had waited my entire life. Match Day caught me off guard because I didn't know it would be so momentous, even more so than graduation. Medical school graduation is the celebration that's all about the pomp and circumstance, but Match Day represents a culmination of a lifetime of hard work. Both days are to be celebrated. So, no matter where you match, take a moment to celebrate your achievement. Congratulations!”

- Alexa Mieses, MD, MPH

For more memories and advice about Match Day, visit the AAFP's Fresh Perspectives New Docs in Practice blog at www.aafp.org/news/blogs/freshperspectives/entry/20200318fp-matchmemories.html.

SECTION 9

IMG RESOURCES

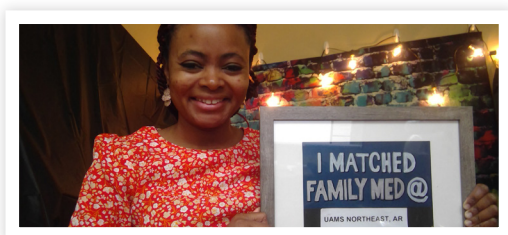
Who is an International Medical Graduate?

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?

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



REQUIREMENTS FOR ECFMG CERTIFICATION

Step 1: Meet medical education credential requirements

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

- Physician's medical school and graduation year 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

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

Step 2: Apply for ECFMG certification

To apply for certification, you must:

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

Step 3: Meet examination eligibility requirements

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

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

This information is available at www.fsmb.org/step-3/state-licensure/.

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

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

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

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

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

Timing is Everything

To ensure that your results will be available in time for you to participate in the Match, **it's important to take USMLE Step 2 CS**

before December 31 of the year prior to the Match in which you're participating.

Schedule this examination no later than March of the year in which you need to take it. For example, IMGs hoping to match in March 2023 should register and schedule their USMLE Step 2 CS examination by March 2022 and take it before December 31, 2022. Ideally, you should take it well before December 31 so that your scores are available during interview season.

Eligibility for ECFMG Pathways

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

To be eligible for ECFMG Pathways, applicants must:

- Not have taken and passed the previous USMLE Step 2 CS exam.
- Not be barred by the ECFMG from pursuing certification.
- Have previously been registered for a USMLE Step or Step Component (You must register for a USMLE exam before submitting your Pathways application).
- Have completed an application for ECFMG certification.

In the 2022 Match, there were six pathways an international student or graduate could take to meet requirements to apply for residency in the U.S. Visit ecfm.org for detailed information about Pathways and find the one that best fits your situation.

U.S. Residency Directories

The AAFP Family Medicine Residency Directory

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

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

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

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

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

Applying to U.S. Residency Programs

GET AN ERAS TOKEN

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

REGISTER WITH THE NRMP

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

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

KNOW APPLICATION DEADLINES AND REQUIREMENTS

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

UNDERSTAND ELIGIBILITY REQUIREMENTS

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

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

GET STATE-SPECIFIC INFORMATION

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

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

Will You Need a Visa?

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

Charting Outcomes in the Match

To better understand your individual chances of matching to a U.S. residency program, review *Charting Outcomes in the Match for International Medical Graduates*, a report of NRMP data on the characteristics of IMG applicants who matched to their preferred specialty. This information is available at www.nrmp.org/wp-content/uploads/2021/08/Charting-Outcomes-in-the-Match-2020_IMG_

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

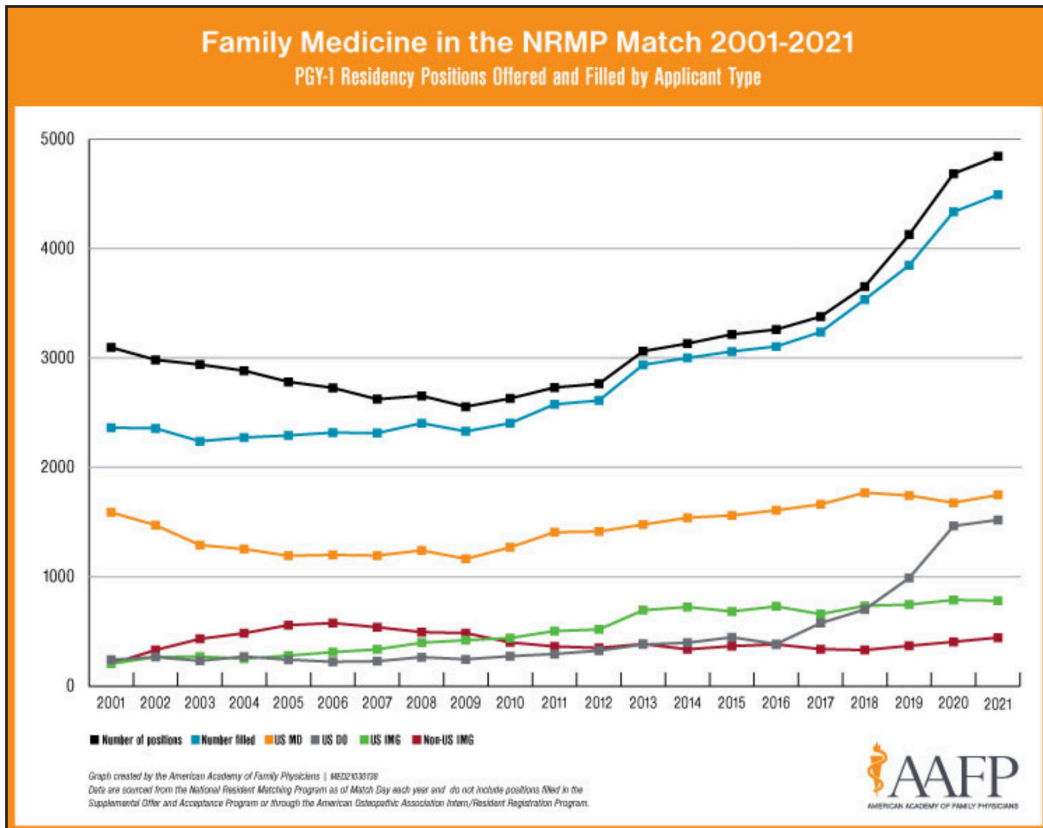
- Is graduating from medical school the same cycle as residency application or within fewer years of graduation
- Has more contiguous rankings of family medicine residency programs (i.e., not interrupted by other specialties on the list)
- Has higher USMLE Step 1 and Step 2 scores

IMGs in Family Medicine

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

In 2021, IMGs made up 27.3% of NRMP matches in family medicine. More than two-thirds of IMGs who enter family medicine residency training are U.S. citizens.

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



Resources

Tip

Watch “From One IMG to Another” to gain advice for international medical students applying to family medicine residencies from the 2020 AAFP National Conference of Family Medicine Residents and Medical Students (<https://www.aafp.org/students-residents/medical-students/become-a-resident/applying-to-residency/international-medical-graduates.html>).

GENERAL IMG RESOURCES

- AAFP IMG Resources
www.aafp.org/membership/welcome-center/involve/connect/constituencies-forums/img.html
- Association of American Medical Colleges (AAMC) ERAS Timeline for IMG Residency
<https://students-residents.aamc.org/applying-residency/article/eras-timeline-img-residency>
- ECFMG Information Booklet
www.ecfm.org/2022ib/index.html
- The ECFMG Reference Guide for Medical Education Credentials
www.ecfm.org/certification/reference-guide.html
- *The ECFMG Reporter* (free newsletter)
www.ecfm.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
- Association of American Medical Colleges/Electronic Residency Application Service (ERAS®)
www.aamc.org/eras
- Educational Commission for Foreign Medical Graduates
www.ecfm.org
- FREIDA Online™, AMA Residency & Fellowship Database®
www.ama-assn.org/life-career/search-ama-residency-fellowship-database
- National Resident Matching Program® (NRMP®)
www.nrmp.org

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
- AAMC Residency Explorer Tool – explore and compare your profile to applicants who matched at each program
www.aafp.org/students-residents/medical-students/become-a-resident/applying-to-residency/international-medical-graduates.html
- AAMC FindAResident – assists programs with filling unanticipated vacancies and to help applicants identify residency and fellowship opportunities not available via ERAS or NRMP
www.aamc.org/findaresident
- FREIDA Online™, American Medical Association (AMA) Residency & Fellowship Database®
www.ama-assn.org/life-career/search-ama-residency-fellowship-database
- Visiting Student Learning Opportunities™ (VSLO™)
<https://services.aamc.org/20/vsas/>

Other Websites

- AAMC Careers in Medicine®
www.aamc.org/cim
Includes a self-assessment tool for considering specialty choice
- AAMC Financial Information, Resources, Services, and Tools (FIRST)
<https://students-residents.aamc.org/financial-aid/>
Financial resources for medical students, including information on the cost of applying for medical residency
- AAMC Report on Residents
www.aamc.org/data-reports/students-residents/report/report-residents
Includes information on characteristics of applicants and residents, and post-residency professional activities
- AMA Medical Student Section
www.amaMedStudent.org
- Family Medicine Interest Groups (FMIGs)
www.aafp.org/fmig
- NRMP Main Resident Match Data
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/residents-students/career-planning-resource/choosing-medical-specialty
- Applying to Residencies with ERAS
<https://students-residents.aamc.org/applying-residency/applying-residencies-eras/>

Books

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

APPENDIX A

SUGGESTED INTERVIEW QUESTIONS

GENERAL QUESTIONS FOR FACULTY AND PROGRAM DIRECTORS

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

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

GENERAL QUESTIONS FOR RESIDENTS

The time you spend with a program's residents is key to understanding what your life would be like as a

resident. Use the following questions to ask current residents about the learning process, expectations, community service opportunities, lifestyle, and other practical issues related to training:

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

QUESTIONS ABOUT ACADEMIC AND/OR RESEARCH CAREERS

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

- How does the program support the research interests of residents?
- How do residents meet their scholarly requirements?
- Can you describe noteworthy or award-winning scholarly activities of residents in the program?
- Does the program support opportunities to present or publish research? If so, how does the program support these opportunities for residents?
- Are there opportunities to achieve additional

graduate degrees during residency? If so, can you give me an example of a resident who has done this and how the curriculum was structured? How long did it take?

QUESTIONS ABOUT FELLOWSHIPS

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

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

QUESTIONS ABOUT GLOBAL HEALTH AND INTERNATIONAL SERVICE

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

- What is the goal of the international rotation?
- Can you describe the field experience (e.g., clinical activities, public health initiatives, community activities, patient education, other activities)?
- What is the cost of international experiences to residents?
- What opportunities exist to seek additional funding for international rotations?
- Will I have professional liability insurance while participating in an international rotation?
- Will my employee benefits (e.g., health insurance, dental insurance) continue while I am abroad?
- How long are the rotations?
- What time of year do residents travel?
- Are certain years (i.e., PGY-1, PGY-2, PGY-3) prohibited from participating?
- In what country (or countries) do the residents engage in international activities?
- Have residents ever designed their own global health experiences? If so, can you provide some examples?

- What policies and processes are in place to ensure resident safety during travel?
- How many residents have participated in international experiences in the past two years? Can you provide some examples of their projects and experiences?
- Who are the faculty involved? What other international experiences have they had?
- Whom do I contact to get more information?
- What are the didactics (e.g., lectures, reading, discussion, debriefing) of the rotation?
- Does the program accept medical students for trips?
- Does the program accept residents from other programs for trips?

QUESTIONS ABOUT INTEGRATIVE MEDICINE

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

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

QUESTIONS ABOUT LEADERSHIP AND ADVOCACY

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

- Does the program have a leadership curriculum?
- Are residents supported in external and/or organizational activities?

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

QUESTIONS ABOUT OSTEOPATHIC MANIPULATIVE TREATMENT

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

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

QUESTIONS ABOUT PROCEDURAL SKILLS

The Council of Academic Family Medicine (CAFM) *Consensus Statement for Procedural Training in Family Medicine Residency* (available online at www.afmrd.org/page/cafm) is a great resource on procedural skills. Family medicine residencies are required to teach procedures commonly performed by family physicians in ambulatory and inpatient settings. Many residency programs offer training in additional procedures in which faculty members have experience or interest, and/or procedures that are needed in the communities they serve. It's also possible to receive procedural training through partnerships and relationships with other specialty departments and services in the context of your family medicine training. Use the following questions to ask about procedural training opportunities:

- Could you describe your curriculum as it relates to procedural skills in family medicine? What procedural skills training does the program offer?

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

QUESTIONS ABOUT SPORTS MEDICINE

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

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

QUESTIONS ABOUT UNDERSERVED POPULATIONS AND SOCIAL DETERMINANTS OF HEALTH

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

- What are the clinic's primary patient populations?
- Are there opportunities to serve underserved patients?
- What is the program's training curriculum in population health? How will this prepare me to approach population health and health equity in my practice?

- How will I learn to address social determinants of health, population health, and the interface between primary care and public health?
- Where do residents see patients outside of the clinic (e.g., nursing homes, free health clinics, home visits, telemedicine, community health events)?

QUESTIONS ABOUT ANTI-RACISM, DIVERSITY, AND INCLUSION

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

- What has your program done to join the anti-racism cause?
- What training and experiences are required and/or offered for residents to understand and address their implicit biases?
- How does your program ensure diversity in its recruitment?
- How does your program support residents and faculty who are underrepresented in medicine?
- Could you give me an example of how your program has supported a resident who has experienced discrimination by patients or colleagues?

QUESTIONS ABOUT WELL-BEING AND CULTURE

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

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

QUESTIONS ABOUT WOMEN'S HEALTH AND OBSTETRICS

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

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

SAMPLE RESIDENCY INTERVIEW CHECKLIST

Residency Program _____ Date _____

Overall Rating

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

☐ 1. Area

- ___ Housing
- ___ Schools
- ___ Recreation
- ___ Climate
- ___ Distance from Family
- ___ Practice Opportunities

☐ 2. Facilities

- ___ Modern
- ___ Well Managed
- ___ Efficient
- ___ Good Staff

☐ 3. Faculty

- ___ Experienced Clinicians
- ___ Educators
- ___ Humanistic

☐ 4. Residents

- ___ Full Complement
- ___ Good Attitude
- ___ Board-certified Graduates

☐ 5. Benefits

- ___ Salary
- ___ Health Insurance
- ___ Malpractice
- ___ CME/Professional Development
- ___ Moonlighting

☐ 6. Library/Technology

- ___ Accessible
- ___ Full-time Librarian
- ___ Adequate Volumes
- ___ EHR

☐ 7. Curriculum

- ___ Well Planned
- ___ Accredited Program
- ___ Variety of Electives
- ___ Conferences
- ___ International

☐ 8. Evaluation/Advancement

- ___ Cognitive
- ___ Psychomotor
- ___ Feedback
- ___ Pyramid

☐ 9. Patients

- ___ Adequate Numbers
- ___ All Socioeconomic Levels
- ___ Resident Responsibilities/Call
- ___ Backup

☐ 10. Gut Feeling

☐ 11. All Categories

Comments

(A) Positive

(B) Negative

APPENDIX C

HOW THE MATCHING ALGORITHM WORKS

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

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

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

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

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

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

APPLICANTS' RANK ORDER LISTS

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

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

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

PROGRAMS' RANK ORDER LISTS

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

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

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

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

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

RESULTS

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

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

CONSIDERATIONS

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

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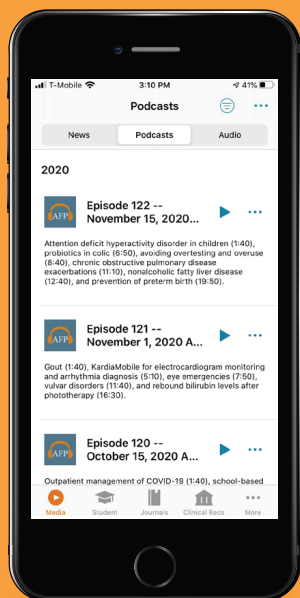
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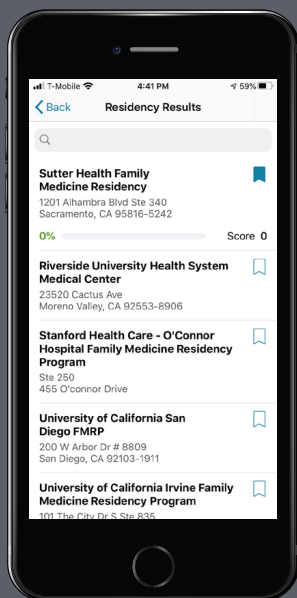
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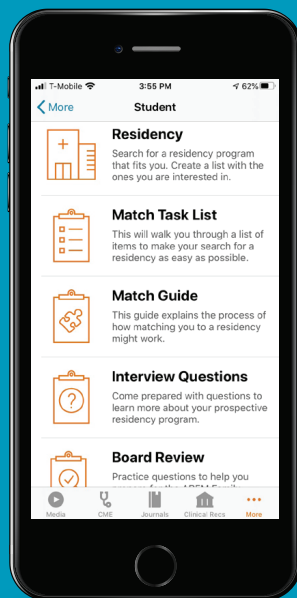
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