## Post Match Reporting

### 2015/2016 Match Cohort* Data

Specialty: Internal Medicine-Primary Care  
N= 25 (7.5% match cohort)

<table>
<thead>
<tr>
<th>Item</th>
<th>N</th>
<th>% of specialty cohort</th>
<th>Mean</th>
<th>Standard Deviation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Graduation year</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2015</td>
<td>11</td>
<td>44.0%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2016</td>
<td>14</td>
<td>56.0%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Three digit Step 1 score</td>
<td></td>
<td></td>
<td>236.6</td>
<td>15.9</td>
</tr>
<tr>
<td>MSPE Adjective:</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Outstanding</td>
<td>9</td>
<td>36.0%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Superior</td>
<td>5</td>
<td>20.0%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Excellent</td>
<td>11</td>
<td>44.0%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Very Good</td>
<td>0</td>
<td>0.0%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Good</td>
<td>0</td>
<td>0.0%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>AOA elected</td>
<td>9</td>
<td>36.0%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Applied to preliminary or transitional</td>
<td>0</td>
<td>0.0%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>programs:</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other specialties applied to:</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Family Medicine</td>
<td>1</td>
<td>4.0%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Obstetrics &amp; Gynecology</td>
<td>1</td>
<td>4.0%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Number of categorical programs applied to</td>
<td></td>
<td></td>
<td>26.9</td>
<td>19.8</td>
</tr>
<tr>
<td>Honors Received:</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Anesthesia</td>
<td>11</td>
<td>44.0%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>FCM</td>
<td>14</td>
<td>56.0%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Internal Medicine</td>
<td>13</td>
<td>52.0%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Neurology</td>
<td>9</td>
<td>36.0%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Obstetrics/Gynecology</td>
<td>7</td>
<td>28.0%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Pediatrics</td>
<td>11</td>
<td>44.0%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Psychiatry</td>
<td>11</td>
<td>44.0%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Surgery</td>
<td>8</td>
<td>32.0%</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

*Match Cohort includes applicants who matched into this specialty via the regular match process.
## Post Match Reporting

### 2015/2016 Survey Respondent Cohort Data

**Specialty: Internal Medicine-Primary Care**  
N= 23 (8.9% survey respondents)

<table>
<thead>
<tr>
<th>Item</th>
<th>N</th>
<th>% of specialty cohort</th>
<th>Mean</th>
<th>Standard Deviation</th>
<th>Min</th>
<th>Max</th>
</tr>
</thead>
<tbody>
<tr>
<td>For your specialty of choice, how many programs did you rank?</td>
<td></td>
<td></td>
<td>12.7</td>
<td>4.1</td>
<td>6</td>
<td>20</td>
</tr>
<tr>
<td>How many programs invited you to interview?</td>
<td></td>
<td></td>
<td>15.0</td>
<td>4.4</td>
<td>7</td>
<td>20</td>
</tr>
<tr>
<td>How many interviews did you accept?</td>
<td></td>
<td></td>
<td>12.2</td>
<td>3.4</td>
<td>7</td>
<td>19</td>
</tr>
<tr>
<td>Where did the program you matched fall on your rank list?</td>
<td></td>
<td></td>
<td>1.4</td>
<td>1.0</td>
<td>1</td>
<td>4</td>
</tr>
<tr>
<td>Did you review your application with a career advisor before applying?</td>
<td>22</td>
<td>95.7%</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Before ranking programs, did you review your rank list with a career advisor?</td>
<td>15</td>
<td>65.2%</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total Spent on Interviews</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>$0-$500</td>
<td>2</td>
<td>8.7%</td>
<td></td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>$501-$1000</td>
<td>1</td>
<td>4.3%</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>$1001-$2000</td>
<td>11</td>
<td>47.8%</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>$2001-$3000</td>
<td>8</td>
<td>34.8%</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>$3001-$4000</td>
<td>1</td>
<td>4.3%</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>$4000</td>
<td>0</td>
<td>0.0%</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Did you complete a Pathway project?</td>
<td>13</td>
<td>56.5%</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Did you complete a research project in the field you matched?</td>
<td>19</td>
<td>82.6%</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Did you have a publication during medical school?</td>
<td>17</td>
<td>73.9%</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
The field project was in:

Global Health

Complementary, alternative and traditional medicine use among Latina patients in a Spanish-language primary care clinic

General internal medicine

Palliative care

Global health

Primary care, health information technology

HCV prevention and epidemiology

Health policy

global health/primary care

Outpatient Palliative Care

Public health, health services research

Nephrology

Hypertension Control in Primary Care

Internal medicine

Cardiology, hospitalist, health disparities

Quality Improvement and Medical Education

Health disparities/primary care

Primary care

LGBTQ Health

Describe any publications:

2 first author, 1 second author

Published my master's research in an online peer-reviewed journal on immigration and health

Multi-author letter to the editor in an obscure genetics journal

peer-reviewed journal publications for research I had been involved in during medical school that had been accepted by the time of ERAS submission. One was a case report that I wrote about a patient during one of my
third year clerkships (third year is busy, so it took me over a year to write it! I had to finish during my research year). One publication was from a global health project during first year (that also took us several years to write).

One was from my two years of research between third and fourth year.


HCV rapid testing acceptability

1st author publication in Academic Medicine about health policy involvement in the Dept of Medicine / 1st author publication in NEJM about drug tiering in the ACA / 2nd author publication in JAMA about provider networks after the ACA

--3 conference posters / --Masters thesis paper (academic manuscript was published AFTER apply via ERAS, but I still mentioned the thesis paper) / --Chapter in First Aid for USMLE Step 1

5th authorship that had nothing to do with internal medicine

1 first-author publication for research conducted prior to starting medical school, 1 first-author publication for research conducted during medical school, 1 co-authorship for research conducted during medical school.

Publication from my research prior to entering medical school.

Secondary data analysis in nephrology

BMJ

Third author on a retrospective cohort study in ObGyn (not in the field to which I applied).

Co-authored three chapters in a neurology textbook

Who was your most effective career advisor in field matched? (number of multiple mentions)

Karen Hauer (4)
Alka Kanaya
What were your most useful career resources?

the match list from previous years, as well as talking to residents who came from UCSF

Talking with my former classmates, now all interns (a year ahead of me because I took a year off), and asking them about what their programs were really like, especially in terms of quality of life.

Friends who had recently matched in my specialty gave me some good advice. I also looked around on the internet. I did not find my career advisor to be particularly helpful with the BIG exception of editing my personal statement which was VERY helpful. Advising wise though, I felt like all the advice was generic and did not take I to account my specific situation.

Talking to as many people as possible about their impressions of different programs. Interview days were the most helpful.

It was absolutely critical for me to talk to as many graduating MS4s as possible. I was deciding between internal medicine primary care and family medicine, and the perspectives that MS4s shared with me were extremely helpful in making the final decision. I ultimately ended up applying in both and found that the interview process was what I needed to make my decision regarding specialty. I would strongly encourage "cold calling" as many upcoming/recent graduates as possible. Once you have a better sense of what you want, search for the UCSF graduates in the programs that you like and contact them too - they are a wealth of knowledge and love to share!

Post Grad survey results / Recent graduates / college advisory mentory

--Session from Gurpreet Dhaliwal & Karen Hauer / --UCSF ERAS application materials / --I found it most helpful just comparing information on the programs website / --I also used the Doximity residency navigator tool as a rough, objective measure to evaluat

Don't be afraid to talk to your career advisors and any mentors you have collected throughout your medical school career.

Talking to students a year or two above me on where they applied.

Advice on CVs from career center, interview guidance sessions

Post-Match report, SDN
AAMC specialty survey periodically throughout third year and early fourth year; it generates your "fit" with different specialties.

AAMC, meetings with physicians I have worked with who were doing what I was interested in doing.

Previous MS4s, residents, fellow classmates, other faculty mentors, meetings and workshops through office of career and professional development

In-person meetings were most helpful for me. I met with Dr. Chou, Dr. Dhaliwal, and Dr. Papadakis, all of whom were very helpful in talking me through my specialty decision and application process.

The program websites were very helpful to get an overall sense of the culture and priorities of the different programs, as well as any specialized pathways they offer

Talking to UCSF residents in the program and previous UCSF graduates.

**If you had to do anything differently in the residency matching process, what would it be?**

I would probably apply to fewer programs. I would also probably attend fewer interviews, although you learn a lot about what you like and don't like about the programs during the interviews.

I would have practiced my interview lines more. I also would have scrapped my personal statement, which was pretty radical, for one that was a little more tame.

I probably wouldn't do anything differently since I was couples matching, but if I had been matching by myself I would've gone to WAY fewer interviews. 16 is a LOT

I got a little overwhelmed post-interview with meetings that program directors set up with current residents to talk more about the program. If I were to do the process over again, I would gracefully decline all of these meetings, unless there was a particular shared interest with someone that I thought would be helpful to explore. I ended up doing this later in the process, simply by telling people that I was very interested in their program, but overwhelmed by too many phone meetings and needed to say no to further meetings. I told them I would reach out if further questions came up, though none did. Regarding the number of programs, I think I applied to the right amount. Though I listed 15 as the number on this survey, because I applied in multiple tracks (categorical and primary care) I actually only had to endure 7 discrete interviews. This felt like a good number to appreciate variety, though I was still tired at the end. I applied on both coasts and was also able to arrange things so I only had to make a cross-country trip once which was very helpful.

I would have had more faith in the match process. Going in, I really though that everyone would want to end up at the same few programs and that the match process would feel extremely competitive and frustrating. As it turned out, as people interview, they find their people and their location, and interests disperse across the country. In the end, the whole process truly does end up giving people what they want (for the most part), even if they don't get their #1 choice.

I'm overall pretty satisfied with how the process went. If I did everything again, I probably would have been more diligent about writing down my impressions after each interview.

--Apply to fewer programs / --Start on the personal statement much earlier and make it *perfect*
Now knowing how well UCSF applicants match, I probably would not have applied to as many programs and gone on as many interviews as I did. That being said, I don't regret going on 17 interviews in the context of couples matching.

**Applied to fewer programs**

Put some of my safety interviews at the end of my interview schedule so that I could cancel them if I needed to.

**Probably apply outside of California, although it ended up okay**

Scrutinize the cities you plan to apply to more--even if a program sounds great on their website, if you'd be miserable in that city/region for whatever reason, don't include them on your list.

**Apply to and interview at less programs.**

TSA pre-check! I would have saved so much time at the airport. I also would have tried to schedule less desired interviews (i.e. at places I didn't think I was going to go) later on so that I could have cancelled some of them. This was difficult, however, since interviews come out in waves and you don't always get the ones you want right away.

Apply to more programs at the beginning and then go to fewer interviews. I agonized over cutting my list down but wished I had applied more broadly (although ultimately it worked out).

I would've been more proactive about contacting UCSF alumni at each residency program earlier about what it's like to be a resident at that program and whether they could've hosted me for my interview. The Program Coordinators of each program usually know which residents are UCSF alumni and can connect you with their emails. Using www.swapandsnooze.com helped with finding medical students to host at each program which saved a lot of money, but it would've been more informative to stay with a resident. The application process was also a perfect time to apply for a new credit card for the bonuses, since you'll be spending a lot of money anyway. I went on 9 interviews, and that felt like the perfect amount.

**Is there any other information helpful to UCSF students who will apply to your specialty choice in the future?**

Save the programs that you aren't as excited about to do at the end of the season. If you end up with too many interviews, then you can cancel those and save some money!

If your interview goes poorly, don't blame it entirely on yourself. It could be that the program is not right for you. If the interviewers ask you awkward questions that don't address who you've already shown yourself to be in your application, it may indicate that they don't understand your unique talents, or that it's not a good fit. The places where my interview went well, it was a bilateral good feeling. Where the interview did not go well, it was clear that both sides weren't that thrilled with each other. Go with that feeling. And of course, follow up with the residents you know/meet in each place you interview--because you'll learn the low-down from them outside of interview day.

I think it was a great idea to check out a couple of schools outside my regional interest (I wanted to stay on the west coast). Internal medicine is a short program and if it weren't for the couples match, I may very well have tried to go to a program in Boston.

If you don't already know folks in the programs you are interested in, look at old match lists to find out who from UCSF is at different places you are applying to. Reach out to them (email the program assistant to get their contact info if you don't already have it) to find out how they like the program and to ask if you can stay with
them if you don't already have a free place to stay while you're in town. Minimize paying for hotels! Have fun at
the interviews as well! They just want to get to know you, so things are pretty relaxed. I also found that I tended
to be on a similar circuit from folks at other schools, so it was fun to get to know people from other schools.

It's a cliche, but in the end, finding a residency comes down to following your heart. I was 90% sure that I would
stay in the Bay Area, but an East Coast program absolutely called out to me in a way that I never expected. Now
I'm moving there and couldn't be more excited, even though I long envisioned spending my career at UCSF.
Trust yourself, trust the process, and be honest with how you feel!

I was impressed by how well respected UCSF was everywhere I interviewed. It's something that is sometimes
difficult to see, only being used to interacting with other UCSF students.

If you want to do primary care, be consistently vocal that this is your intention. Have a good reason and try to
emphasize longitudinal experiences, both clinical and non-clinical. / / 3rd year honors are really important, so I
wish I would have worked a bit harder to honor in just one more rotation.

- Don't be afraid to advocate for yourself. If there is a program that you really want to interview at (especially on
the East coast or Midwest), send an email to the program admin or PD expressing your interest. It got me a
couple of interviews right awa

Honors matter a lot more for medicine than I had anticipated.

Have your mentors call for you. If you get rejected, fight for an interview, you can still match at that program.
Brigham and MGH require Primary Care track applicants to attend a categorical interview day (in addition to a
primary care interview day) even if you aren't interested in their categorical program.

Meet with residents/physicians who are doing what you imagine you want to be doing in the future. / Ask a lot
of questions! / Make a list of what is important to you: academic vs community, patient population, location,
family, research, etc. and make sure the programs you apply to/rank and chosen with those priorities in mind. / /
Everyone said to go with my gut feeling which initially I didn't know what that meant. Even though I made a
complex excel sheet comparing different programs, that is really what it came down to- where I thought I would
be happiest and grow the most during residency.

Internal Medicine interviews are generally pretty laid back, and ~10 interviews is definitely sufficient.

One of the most effective things I did was emailing programs who hadn't offered me an interview yet but I knew
had sent out invites already (this info was available through studentdoctor.net). I think it was useful for the
program to see that I had interest in them, especially if they were in a region I had no ties to. I didn't have my
career advisor email programs, but I've also heard this is very effective in getting more invites.