### Post Match Reporting

**2013/2014 Match Cohort Data**

**Specialty: Internal Medicine-Preliminary**

\( N = 44 \) (12.9% 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>2012</td>
<td>1</td>
<td>2.3%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2013</td>
<td>22</td>
<td>50.0%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2014</td>
<td>21</td>
<td>47.7%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Three digit Step 1 score</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>MSPE Adjective:</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Outstanding</td>
<td>8</td>
<td>18.2%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Superior</td>
<td>3</td>
<td>6.8%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Excellent</td>
<td>33</td>
<td>75.0%</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>6</td>
<td>13.6%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Applied to preliminary or transitional programs:</td>
<td>44</td>
<td>100.0%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other specialties applied to:</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Anesthesiology</td>
<td>9</td>
<td>20.4%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Dermatology</td>
<td>6</td>
<td>13.6%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Diagnostic Radiology</td>
<td>3</td>
<td>6.8%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Neurology</td>
<td>2</td>
<td>4.5%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Physical Medicine &amp; Rehabilitation</td>
<td>3</td>
<td>6.8%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Psychiatry</td>
<td>1</td>
<td>2.2%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Surgery</td>
<td>5</td>
<td>11.1%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Transitional</td>
<td>27</td>
<td>61.3%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Number of categorical programs applied to</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Number of preliminary programs applied to</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Received position via the match</td>
<td>44</td>
<td>100.0%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Received position via SOAP</td>
<td>0</td>
<td>0.0%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Received position outside of the match</td>
<td>0</td>
<td>0.0%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Honors Received:</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Anesthesia</td>
<td>11</td>
<td>25.0%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>FCM</td>
<td>10</td>
<td>22.7%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Internal Medicine</td>
<td>8</td>
<td>18.2%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Neurology</td>
<td>13</td>
<td>29.5%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Obstetrics/Gynecology</td>
<td>17</td>
<td>38.6%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Pediatrics</td>
<td>8</td>
<td>18.2%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Psychiatry</td>
<td>10</td>
<td>22.7%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Surgery</td>
<td>15</td>
<td>34.1%</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
## Post Match Reporting

### 2013/2014 Survey Respondent Cohort Data

**Specialty: Internal Medicine-Preliminary**

N= 32 (13.6% 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>How many PGY1 programs did you rank?</td>
<td></td>
<td></td>
<td>29.0</td>
<td>3.2</td>
<td>22</td>
<td>34</td>
</tr>
<tr>
<td>How many PGY1 programs invited you to interview?</td>
<td></td>
<td></td>
<td>38.0</td>
<td>5.1</td>
<td>28</td>
<td>46</td>
</tr>
<tr>
<td>How many PGY1 program interviews did you accept?</td>
<td></td>
<td></td>
<td>28.9</td>
<td>3.5</td>
<td>22</td>
<td>35</td>
</tr>
<tr>
<td>Where did the PGY1 program to which you matched fall on your rank list?</td>
<td></td>
<td></td>
<td>2.3</td>
<td>1.5</td>
<td>1</td>
<td>6</td>
</tr>
<tr>
<td>Did you review your application with a career advisor before applying?</td>
<td>13</td>
<td></td>
<td>40.6%</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></td>
<td>46.9%</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>0</td>
<td>0.0%</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>$501-$1000</td>
<td>0</td>
<td>0.0%</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>$1001-$2000</td>
<td>8</td>
<td>25.0%</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>$2001-$3000</td>
<td>4</td>
<td>12.5%</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>$3001-$4000</td>
<td>10</td>
<td>31.3%</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>&gt;$4000</td>
<td>10</td>
<td>31.3%</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Did you complete a Pathway project?</td>
<td>12</td>
<td></td>
<td>37.5%</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Did you complete a research project in the field you matched?</td>
<td>25</td>
<td></td>
<td>78.1%</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Did you have a publication during medical school?</td>
<td>19</td>
<td></td>
<td>59.4%</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
The field project was in:

Anesthesia
Anesthesiology
Anesthesiology - Peds
Anesthesiology; also neurosurgery
Education
Dermatology/infectious disease
Survey Access to care issues in dermatology
Fetal imaging-radiology
Musculoskeletal radiology
radiology
Radiology
Radiology
Radiology, Vascular Disease
Dermatology
Medical Education/Neurology
Neurology
Neurology/movement disorders
Glaucoma epidemiology (Ophthalmology)
ophthalmology
Ophthalmology
Ophthalmology
Ophthalmology
Ophthalmology
Ophthalmology
Physical Medicine and Rehabilitation

Changes in the brain following radiation/ patient safety

Describe any publications:

Curriculum ambassador project involving integration of technology and note writing into an extensive interactive workshop.

Literary publication

Collegiate project on immunology techniques

Poster, abstract, and review article

1st author basic science, 2nd author basic science, 1st author clinical - letter to editor

All basic science related to my year long research project. 2 first author, one of them is highest impact journal in field. 5 co-author.

Regarding the physics and imaging of vascular disease, and one basic physics publication.

Bench research project

Both bench and clinical research in dermatology--basal cell carcinoma, vitamin D, hedgehog signalling pathway.

4 of the publications were run over from my research pre-medical school. The papers just took time to materialize. / / 1 paper was a reflection published in the humanities section of neurology / / 1 paper was in press while I was on the interview trail and was about my MedEd research (not Neuro related)

- Internal medicine project between 1st and 2nd year / - 3 publications from a yearlong pathways project in glaucoma epidemiology / - several publications in the submission process

2 first author, 1 2nd author, 2 other papers where I was a co-author

3 were retrospective analyses looking at the association of kidney disease and heart disease/mortality risk in a variety of cohorts. / 2 were health policy papers / 1 was a case report of acute hepatitis C / 1 was a data-mining paper that looked at ophthalmology resident education / 1 was a paper looking at predictors of matching into ophthalmology

Internal Medicine publication

Short report (first author) and two full text manuscripts (first author and co-first author)

Worked on a project looking the effect of latrine promotion on the incidence of ocular chlamydia and trachoma in Ethiopia.
Imaging papers

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

*Please note: Comments may refer to specialties and not necessarily Internal Medicine – Preliminary*

- Dr. Mark Rollins (4)
- Dr. Matt Aldrich
- Kristina Sullivan
- Manny Pardo (2)
- Martin Bogetz
- Dr. Timothy Berger
- Kanade Shinkai (3)
- David Avrin
- Dr. Emma Webb (4)
- Dr. Thomas Link
- Vanja Douglas (3)
- Andy Josephson
- Jacque Duncan (3)
- Ayman Naseri
- Yvonne Ou
- Dan Schwartz
- Shan Lin (research mentor)
- my research mentor
- Specialty career advisor
- Tom Lietman
What were your most useful career resources?

Please note: Comments may refer to specialties and not necessarily Internal Medicine – Preliminary

Other UCSF anesthesia applicants going through the process with me.

Previous match statistics / Anesthesia interest group

UCSF CLE resources (including post-match survey)

UCSF Office of Career & Professional Development

Dr. Kanade Shinkai meeting to discuss plans, AAD website, SDN to track interview dates

Radiology confidential advisor (Dr. Emily Webb) / OCPD (personal statement and interview)

Talking to attendings and residents in several fields.

Talking to Dr. Webb and current residents.

I talked to multiple advisers, residents, mentors, and faculty members and took everyone’s advice (away rotations, research, telling a program that they were ranked #1) and because I didn't match have a hard time saying any was useful.

I found the webpages/resources of the programs I applied to to be useful. I ended up ignoring most of the guidance that I got regarding choosing a specialty.

Mostly career advisor, residents, peers

OCPD for interview prep and coaching

research mentor, Dr. Duncan, previous applicants, talking to residents at programs, talking to fellows and attendings at UCSF about their own residency program (very insightful), SDN for dates of interviews and basic questions, Iowa puts out a guide to ap

Student Doctor Network

Talking with my mentors early and often

AAPM&R, NRMP, AAMC, FREIDA, Dr. Scott at Stanford, graduates from previous class going into same specialty,
-AAPMR website /

Lisa Pascual /

If you had to do anything differently in the residency matching process, what would it be? Please note: Comments may refer to specialties and not necessarily Internal Medicine – Preliminary

Apply to less programs / Focus on learning about the preliminary programs just as much as so as the anesthesia programs

Being more selective picking which interviews to accept. Being ok with declining interviews, realizing that overall ~80% US applicants who were going to match match within their first four choices. Our UCSF track record for anesthesia seems to be even better than that by a significant margin. Also, I probably did not have to apply to as many prelim programs as my prelim advisor had suggested. It is mitigated by the fact that more and more anesthesia programs are having categorical spots.

I went to way too many interviews (11 anesthesia and 11 prelim/transitional) and in retrospect I did not need this many (I matched in my #1 anesthesia and #4 internship slot with #1-2 being highly nationally desired slots, and #3 being highly desired by UCSF graduates and therefore locally competitive). I did way more interviews (especially internship interviews) than anyone I met on the trail, with the exception of people who were couples matching. This was exhausting and expensive and now at the end of the year I am running out of loan money, despite borrowing the maximum amount possible. / / I also wish I had signed up for research time rather than taken vacation time for my interviews, because I would have gotten more free time at the end of the year. To be fair, however, I was traveling so much in December and January that the amount of research I would have been able to do during this time would be minimal at best. / /

In retrospect would be been nice to have taken fewer interviews (maybe 7 or 8 instead of 11 for anesthesia programs), but at the time, hard to know which programs you'll end up liking and how necessary having a long rank list is--it's just hard to know.

Use Airbnb more for housing when interviewing in other locations. Obtain letters of rec more promptly.

Maybe not change my match ranking list last minute, as usually your first instinct is the order in which you will be the happiest.

Go on fewer interviews

Go on less preliminary interviews. Went to 15.

Researched preliminary medicine programs more thoroughly before applying

Travel less to East Coast.
Travel less!! Book interviews for your presumed favorites as early as you can. If you get very good vibes there, consider canceling interviews at places you're not too jazzed about.

I might have double applied but am not sure. I might not have applied in Derm if I really thought I wouldn't match.

I would double apply in IM and Dermatology

Apply to more preliminary and neurology programs at the beginning of the season.
I would have applied to more prelim programs. I would have

Nothing different

Go on fewer interviews

Go to fewer interviewers - but that is a highly personal choice.

I would have done an away rotation in Sept or Oct at 1 or 2 programs that were slight "reach" programs. In Sept or Oct, it's too late to get a letter of rec so the only downside of not doing well would be not getting an interview at that away program. /

Explore more east coast programs.

I wouldn't have scheduled any East Coast interviews.

-you don't need to do an away rotation to match / -however, if you have a program you really want to go to, try to do an away there.

talk more with previous applicants about the interview process, what to expect on interview days, how to prepare for interviews

Is there any other information helpful to UCSF students who will apply to your specialty choice in the future?
Please note: Comments may refer to specialties and not necessarily Internal Medicine – Preliminary

For programs you value the most, try to interview there earlier in the season when you are less tired. / Trust your gut feelings about how to rank programs. / Keep a running rank order list as you interview since it will be hard to remember details as time passes. / Throughout the proces, talk to mentors in and outside of the Anesthesia department, as (at least for me) varied perspectives are valuable. /

Helpful to talk to graduates of other residency programs who are now working at UCSF. / / "I'm ranking you #1" emails/calls aren't deal breakers, so don't sweat about that too much.

Organize get togethers among fellow anesthesia applicants to navigate through the process together

Speaking with advisors and residents early in the process is very helpful.
Talking to anesthesia mentors and advisors early on was very helpful. I found Manny's advice to be very nonjudgmental, fair, and tailored to my personal situation.

I think the main thing is choose the program that feels like the best fit for you. Dermatology is a competitive field to enter and no matter which program you end up attending, they are all strong programs and each have unique qualities. I would base your rank list on which program you will see yourself happy at that will give you a solid education. It is easy to get distracted by ranks which can make the ranking list very stressful. I would recommend meeting with Dr. Kanade Shinkai early on in the application process and keep her up-to-date on how it is going as interviews progress. I would highly stress the importance of away rotations. I matched at the program that was my 1 away rotation. Typically, your best shot of matching is at away rotations or your home school (based on talking to current residents or interviewees).

Apply broadly. Keep an open mind about programs as you go on interviews.

Do research in radiology, start early. Don't feel pressure to take a year off unless you really want to.

Get yourself involved early by trying to shadow/work with someone in radiology or an imaging-heavy field. There is not much radiology presence in medical school, so you must be proactive!

Just go through Radiology career advisor. She is well informed, honest and helpful.

Make sure to have interesting things to talk about during your interviews.

I would know there is a strong possibility of not matching, that I might double apply, that no advising can help in the end. Before I applied the derm program told me 1) they thought I would match and 2) no one at UCSF who had good advising had not matched before. Neither were true. I feel very unsupported by the derm program as well as the UCSF administration in general. No one has reached out to me to help me either with my dissatisfaction/anger/sadness or my next steps now that I am graduating medical school and do not have a good plan for the future.

Make sure to get multiple publications in Dermatology.

Apply broadly to differently tiered programs / Consider programs throughout the country and don’t limit yourself to one or two geographical region. That being said, interviews will preferentially come from the West Coast most likely, based on UCSF background / Think hard about going into academia vs not. This will guide which sorts of interviews you take, and where, and how you talk about research. / Be nice to everyone. You meet the same interviewees over and over again on the trail, and often can ride-share with them, etc. You might get to know a lot of your future colleagues! / Getting interviews and matching may depend a lot upon who you get to write your letters. Be sure your letters are strong, particularly in ophthalmology, and it really helps if the letter writer is well-connected and knows a lot of people in different places.

Doing research in ophthalmology really helps. It will come up in almost every interview. / Apply early if possible. Try to get your letters in by July and submit your application by early-mid August.
Dr. Duncan is an excellent career advisor. However, it would be ideal if there were a second career advisor in ophthalmology who is not a member of the residency selection committee to allow for more frank discussions.

Listen to other people's advice, but at the end of the day, you know yourself best and you should always follow your gut!

Try to get as much experience in specialties that you might be interested in (shadowing, research, electives, etc) so you have an opportunity to develop a network of mentors before you apply.

Contact recent alums who have matched into PM&R. They understand the process as well as anyone. Schedule your interviews the second they come into your inbox! Some programs just invite everyone and it's a first-come, first-served system.

Talk to Dr. Pascual at UCSF and set up a rotation with her. Talk to previous graduates that are going into the field. Talk to Dr. Scott at Stanford. Try to get as much exposure to the field as you can so you know that it's for you.

It is a competitive and very small field. Networking counts!