## Post Match Reporting

### 2014/2015 Match Cohort* Data

**Specialty: Internal Medicine-Preliminary**  
N= 40 (78.4% 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>2014</td>
<td>21</td>
<td>52.5%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2015</td>
<td>19</td>
<td>47.5%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Three digit Step 1 score</td>
<td></td>
<td></td>
<td>236.5</td>
<td>19.8</td>
</tr>
<tr>
<td>MSPE Adjective:</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Outstanding</td>
<td>14</td>
<td>35.0%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Superior</td>
<td>3</td>
<td>7.5%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Excellent</td>
<td>23</td>
<td>57.5%</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>22.5%</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>4</td>
<td>10.0%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Dermatology</td>
<td>5</td>
<td>12.5%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Diagnostic Radiology</td>
<td>10</td>
<td>25.0%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Internal Medicine</td>
<td>1</td>
<td>2.5%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Neurology</td>
<td>4</td>
<td>10.0%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Ophthalmology</td>
<td>12</td>
<td>30.0%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Physical Medicine and Rehabilitation</td>
<td>2</td>
<td>5.0%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Radiation Oncology</td>
<td>3</td>
<td>7.5%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Surgery</td>
<td>6</td>
<td>15.0%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Transitional</td>
<td>15</td>
<td>37.5%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Number of categorical programs applied to</td>
<td></td>
<td></td>
<td>38.7</td>
<td>23.4</td>
</tr>
<tr>
<td>Number of preliminary programs applied to</td>
<td></td>
<td></td>
<td>29.8</td>
<td>14.1</td>
</tr>
<tr>
<td>Honors Received:</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Anesthesia</td>
<td>13</td>
<td>32.5%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>FCM</td>
<td>8</td>
<td>20.0%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Internal Medicine</td>
<td>11</td>
<td>27.5%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Neurology</td>
<td>19</td>
<td>47.5%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Obstetrics/Gynecology</td>
<td>15</td>
<td>37.5%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Pediatrics</td>
<td>9</td>
<td>22.5%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Psychiatry</td>
<td>17</td>
<td>42.5%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Surgery</td>
<td>16</td>
<td>40.0%</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

#### 2014/2015 Survey Respondent Cohort Data

**Specialty: Internal Medicine-Preliminary**  
N= 30 (78.9% 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>How many PGY-1 programs did you rank?</td>
<td></td>
<td></td>
<td>29.1</td>
<td>4.5</td>
<td>21</td>
<td>41</td>
</tr>
<tr>
<td>How many PGY-1 programs invited you to interview?</td>
<td></td>
<td></td>
<td>38.1</td>
<td>5.5</td>
<td>29</td>
<td>46</td>
</tr>
<tr>
<td>How many PGY-1 interviews did you accept?</td>
<td></td>
<td></td>
<td>29.5</td>
<td>4.4</td>
<td>22</td>
<td>40</td>
</tr>
<tr>
<td>Where did the PGY-1 program you matched fall on your rank list?</td>
<td></td>
<td></td>
<td>2.8</td>
<td>1.2</td>
<td>2</td>
<td>6</td>
</tr>
<tr>
<td>Did you review your application with a career advisor before applying?</td>
<td>26</td>
<td>65.0%</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>17</td>
<td>42.5%</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>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>4</td>
<td>10.0%</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>$2001-$3000</td>
<td>1</td>
<td>2.5%</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>$3001-$4000</td>
<td>9</td>
<td>22.5%</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>&gt;$4000</td>
<td>16</td>
<td>40.0%</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Did you complete a Pathway project?</td>
<td>13</td>
<td>32.5%</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>26</td>
<td>65.0%</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Did you have a publication during medical school?</td>
<td>25</td>
<td>62.5%</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Please note: Comments below may refer to PGY-2 specialties and not necessarily to the PGY-1 specialty.

**The field project was in:**

Anesthesia

Anesthesiology

Changes in the brain following radiation/ patient safety

Collateral Score and Contrast Staining Evaluation in Stroke Cases and evaluating interpretive vs non interpretive skills in radiology text books

CT

Derm

dermatology

Dermatology

Diagnostic Radiology

Epidemiology

Medical Education/Neurology

neurology

Neurology

Neuro-oncology

Ophthalmology

Ophthalmology

ophthalmology

Ophthalmology

Ophthalmology

ophthalmology

ophthalmology
Proton therapy

Radiology

radiology

Describe any publications:

1) Prognostic value of contrast staining in stroke patients published in Interventional neuroradiology
   2) Interpretive vs non interpretive skills in radiology text books published in Academic Radiology

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

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

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)

8 diabetes review articles, 1 book chapter in Peds Onc, 1 meta-analysis from summer research, 1 opinion article on resident well-being

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.

Both first author publications. One review article inside my field, one original research outside my field.

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

first author phd paper / middle author phd paper / middle author clinical paper / middle author clinical paper / NB: ERAS accepts SUBMITTED manuscripts, so my applications had a bunch of submitted items in the "publications" box. That's how numbers get inflated, even though many of those submitted MSs never get published.

Four oral presentations, one poster.
From work in summer between first and second year

Imaging papers

Internal Medicine publication

neuroIR / geriatrics/anesthesia

Research, case reports, scholarly articles, book chapters

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

There are in the surgery field from work I did before medical school but published while I was in Medical school. There were as follows: increased mortality in delayed intubation in initially stable trauma patients, dialysis dependent chronic renal failure in patients with nephrectomies performed 2/2 to trauma

Translational research on leprosy immunology

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

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

Emma Webb (6)

Daphne Haas-Kogan (3)

Ben Yeh

Jacque Duncan (3)

Ayman Naseri (2)

Yvonne Ou

Dan Schwartz

Kanade Shinkai (3)

Kristina Sullivan

Mark Rollins (3)

Manny Pardo

Lisa Pascual (2)
What were your most useful career resources?

(1) Emma Webb/Dave Naeger are helpful in reviewing your personal statement and addressing Qs like what are my chances, how many programs should I apply to, etc. / (2) AMSER guide (just Google it): includes application timeline, how to craft your ERAS application, common interview questions

-AAPMR website /

Career advisors, research mentors

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.

I met with my research advisor, Dr. Siegrid Yu. I didn't really have much career advice and didn't know of any career resources.

I used SDN very heavily--while you have to consider the sources, the information there was incredibly useful given what programs write about themselves on their websites was minimal. The AAMC also has some useful resources on example interview questions, personal statements, etc. though Radiation Oncology interviews seemed quite different from what interviews in other specialties are like. Mentors, even those outside the specialty, were also helpful. Definitely, definitely find out who applied in the year prior to you and pick their brain on the process--above all this was the most accurate information.

Kanade Shinkai / UCSF derm chief residents / Michael Rosenblum / Timothy Berger

Post-match feedback from applicants specific to my specialty, pre-application career meetings, FAQ with recently matched applicants, meeting with advisors

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

speaking to previous applicants
Student Doctor Network

Student Doctor Network subthread for radiation oncology, current radiation oncology faculty/residents

Talking to Dr. Webb and current residents.

talking to previous year's applicants

Talking with my mentors early and often

UCSF Office of Career & Professional Development

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

Apply to fewer radiology programs and more preliminary programs. Go on fewer interviews (max 15).

apply to less programs

Apply to more preliminary and neurology programs at the beginning of the season.

Apply to more preliminary programs, cut down on the number of interviews I did (ideally would have interviewed at 10 maximum, I did 14)

Go on fewer interviews

Go on fewer interviews

Go on fewer interviews

Go to all of my interviews offered and lobby for my 2nd choice more. I was overconfident in matching at my top choice.

I would have applied to more prelim programs. I would have

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. /

I would have sought advice of an additional faculty member that would be confidential.

Interview at ~11-12 programs instead of the generally advised 14

might have considered proactively emailing more program directors at programs that I had significant interest in interviewing after submitting my application to express that interest, would have started doing more oncology-focused research earlier in medical school.
Nothing

Save more money for interviews!

Start thinking about this process much earlier in medical school--if you can shadow any specialty you're considering to get to know the faculty, begin research projects (especially in Radiation Oncology, research matters much more than your activities--I think I would have had a hard time if I hadn't done work prior to medical school), and generally get integrated into the field you'll have a better experience. Also, realize the process is less objective than it seems--networking, writing program directors (when appropriate), and doing away rotations all played a larger role than expected.

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

Travel less to East Coast.

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

Write thank you letters to everyone.

-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.

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

- 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. / -getting

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

attend the ophthalmology residency application info sessions

Dermatology is tough. One either has to be willing to go anywhere or not match. Not matching is possible if not probable if a student's application is not strong and she limits herself to certain programs and geographical areas. / / Important factors: / Clinical grades / Letters of recommendation / Step scores (including Step 2, which should be at least as good as Step 1 some say) / Resume-padding research / Flexibility / Fearlessness

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. / If you did not get an interview from one of your fav
Don't believe what programs tell you. I was given honors by my top choice and got a really strong letter of rec commented on by other programs yet still didn't match there. The attending I was with even told me he would do his best to get me ranked in their top 7.

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.

Find a mentor (UCSF won't really help you with this) and get advice along the way.

Get started in research early, ideally Year 1 summer. Make sure you find a research mentor who has prior experience working with med students (so they know what's feasible/appropriate), has the time to guide you (ie. isn't working with countless other

I think another student mentioned this in a prior report, but to echo--Radiation Oncology is competitive, and having significant research experience (not necessarily in Radiation Oncology) plays a large role in whether you receive interviews at the top programs. The trend in Radiation Oncology is to apply very broadly, so doing away rotations in geographical locations other than your own is helpful in conveying interest to programs outside California. Outside of the top programs, there is a geographical bias in where you receive your interviews so having some connection to an area (your hometown, where you did undergrad) often plays a role in interview selection I think.

If you are interested in one of the more competitive programs, there is an unwritten "expectation" that you will inform the program director of your number 1 choice that they are number 1. I learned that from other applicants, but it's important because at least anecdotally, some programs will not rank people to match who they don't explicitly know are ranking them #1.

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

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

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

Speaking with advisors and residents early in the process is very helpful.

Talk to Emma Webb before you apply. She was the most accurate at gauging how successful I would be during the interview process. She is also very nice and super funny. =)

Talk with the anesthesiology career advisors as early as you think you're interested in anesthesia (ideally by the first month of 4th year). They help tons with setting you on the right track in terms of adjustments you make to your 4th year schedule, personal statement advice, and how many programs to apply to based on your scores/grades. Don't count yourself of certain residency programs based on your perception of your grades or test scores; you may need to expand your list of programs a little more, but by no means should you limit which programs you apply to (unless there is a personal preference). Apply to at least 15-20 programs for an anticipated 10-14 interview invites.
Think hard about your whole rank list: don't just focus on the top.

Thinking about this specialty early and trying to get exposed to the reading room before fourth year would be helpful otherwise it's easy to overlook this as a possible choice of career. 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.