Post Match Reporting

2014/2015 Match Cohort* Data

Specialty: Internal Medicine
N= 60 (17.9% 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>2014</td>
<td>26</td>
<td>43.3%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2015</td>
<td>34</td>
<td>56.7%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Three digit Step 1 score</td>
<td></td>
<td></td>
<td>233.9</td>
<td>17.7</td>
</tr>
<tr>
<td>MSPE Adjective:</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Outstanding</td>
<td>14</td>
<td>23.3%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Superior</td>
<td>15</td>
<td>25.0%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Excellent</td>
<td>31</td>
<td>51.7%</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>
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<td></td>
<td></td>
</tr>
<tr>
<td>AOA elected</td>
<td>12</td>
<td>20.0%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Applied to preliminary or transitional programs:</td>
<td>3</td>
<td>5.0%</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>1</td>
<td>1.6%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Family Medicine</td>
<td>2</td>
<td>3.3%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Number of categorical programs applied to</td>
<td></td>
<td></td>
<td>24.3</td>
<td>11.5</td>
</tr>
<tr>
<td>Honors Received:</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Anesthesia</td>
<td>14</td>
<td>23.3%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>FCM</td>
<td>16</td>
<td>26.7%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Internal Medicine</td>
<td>29</td>
<td>48.3%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Neurology</td>
<td>23</td>
<td>38.3%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Obstetrics/Gynecology</td>
<td>17</td>
<td>28.3%</td>
<td></td>
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<tr>
<td>Pediatrics</td>
<td>15</td>
<td>25.0%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Psychiatry</td>
<td>19</td>
<td>31.7%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Surgery</td>
<td>25</td>
<td>41.7%</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

*Match Cohort includes applicants who matched into this specialty via the regular match process.
<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>9.9</td>
<td>2.5</td>
<td>5</td>
<td>15</td>
</tr>
<tr>
<td>How many programs invited you to interview?</td>
<td></td>
<td></td>
<td>12.0</td>
<td>4.0</td>
<td>5</td>
<td>20</td>
</tr>
<tr>
<td>How many interviews did you accept?</td>
<td></td>
<td></td>
<td>10.0</td>
<td>2.4</td>
<td>5</td>
<td>15</td>
</tr>
<tr>
<td>Where did the program you matched fall on your rank list?</td>
<td></td>
<td></td>
<td>1.9</td>
<td>1.3</td>
<td>1</td>
<td>6</td>
</tr>
<tr>
<td>Did you review your application with a career advisor before applying?</td>
<td>41</td>
<td></td>
<td>68.3%</td>
<td></td>
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<td></td>
</tr>
<tr>
<td>Before ranking programs, did you review your rank list with a career advisor?</td>
<td>21</td>
<td></td>
<td>35.0%</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>1</td>
<td></td>
<td>1.7%</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>$501-$1000</td>
<td>5</td>
<td></td>
<td>8.3%</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>$1001-$2000</td>
<td>16</td>
<td></td>
<td>26.7%</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>$2001-$3000</td>
<td>9</td>
<td></td>
<td>15.0%</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>$3001-$4000</td>
<td>7</td>
<td></td>
<td>11.7%</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>&gt;$4000</td>
<td>3</td>
<td></td>
<td>5.0%</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Did you complete a Pathway project?</td>
<td>19</td>
<td></td>
<td>31.7%</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Did you complete a research project in the field you matched?</td>
<td>31</td>
<td></td>
<td>51.7%</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Did you have a publication during medical school?</td>
<td>27</td>
<td></td>
<td>45.0%</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
The field project was in:

- Cancer biology
- Quality improvement
- Medicine
  - one project in Hematology/Oncology and two in Neurology/Neuroscience
- Oncology clinical research
- Liver transplantation
- Pulmonary/Public Health
- Treatment guidelines
- Oncology
  - improving interprofessional communication; lymphoma management
- cost effectiveness
- Rheumatology
- Medical education
- Internal Medicine
- Cardiology
- Medical Education
- medical education

Case report of skin condition in HIV-positive men (Endocrine, Infectious Disease), Skin markers of women with PCOS (Endocrine), Late Congenital Syphilis Review (Infectious Disease), Participation of Women in Clinical Drug Trials (Internal Medicine, Policy)

Cardiology

Cardiology

Clinical research on perioperative care regarding anticoagulation

Hospitalist
Infectious disease - viral genomics

Primary Care

Nephrology

Tuberculosis diagnostics and therapeutics

Oncology/cancer biology

ID

HIV/Cardiology

**Describe any publications:**

- Qualitative paper from research done before med school

- Discrepent vascular nodules on cross-sectional imaging and angiography in patients with HCC undergoing TACE

- Peer reviewed journal article

- A basic science research publication, a case report, and a clinical research paper. (only the case report was first author).

- One clinical case study and one small research study on student run clinics. Both published in relatively low impact journals

- All work involved various aspects of cancer epidemiology or treatment. Two original research studies (first-author) written during my research year, two case reports (first-author) written during my research year, a review article (first-author) written during my research year, and a couple of other mid-author papers to which I contributed statistical analyses.

- Case report

- One was a conference summary and one was a psychiatry case report

- 2 abstracts, 1 manuscript

- Clinical journal regarding immunology basic science research

- Two first author publications in PLOS Neglected Tropical Diseases

- Second author on original research. Co-first author on review paper. Also upcoming first author on original research.
1. A case report on lithium toxicity that I wrote on my psychiatry rotation (published in Psychosomatics).

2. A systematic review on myxopapillary ependymomas that I wrote during the summer after my first year (published in Journal of Neurosurgery: Spine).

3. A perspective piece that I co-wrote about student note-writing on clerkships (to be published in Teaching and Learning in Medicine).

Emergency medicine project examining patient preferences regarding acceptable risk in trauma CT, published in Injury.

One peer reviewed article and one book chapters in fields of history and cultural anthropology.

1 first author research paper, 2 co-author research papers, 2 first author reviews

A report in the International Journal of Cardiology on STEMI activations and EMS utilization among HIV-infected patients.

Third author.

1. Systematic review examining the professional culture of surgery and surgical subspecialities to determine if interventions that target cultural improvement can be associated with improved patient outcomes

2. Case series of patients with primary gastrointestinal non-Hodgkin lymphoma at a county hospital

Case Series of HIV-positive men with a rare dermatologic condition, Cutis Verticis Gyrata (case series) / Review article of Late Congenital Syphilis for VisualDx.com (review) / Pending / Comparing Mortality between HIV+ homeless and housed individuals in SF (original article) / Comparing cutaneous manifestations of women with different subtypes of PCOS (original article)

Book chapter

I first-authored one manuscript and co-authored five other manuscripts published in peer-reviewed journals. I have two other manuscripts in process, including one post-peer review at a journal. I also co-authored four abstracts accepted at peer-reviewed international conferences, including one first-authored abstract that I presented in a talk at a major conference abroad (I was also invited to chair a poster session at this conference). Finally, I also co-authored an article for JAMA forum.

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

Karen Hauer (27)
Margaret Wheeler (4)
Sharad Jain
Gurpreet Dhaliwal (5)
Elizabeth Harleman
Bob Nussbaum

Neil Shah

Ken Covinsky

**What were your most useful career resources?**

Talking to the residents in my specialty I had worked with to see where they applied to, interviewed, and ranked and why. Also talking to other faculty I trusted.

**Students from previous classes**

I actually think I did a lot of things "correct" which allowed me to get my top choice, which I considered a reach, and it was all advice that was given to us during the initial lecture. I made an appointment with my advisor (Margaret Wheeler) to introduce myself and discuss the process overview/dates/when she would prefer information by, I completed my application such that it was ready to submit by the ERAS deadline (pressed send at 5am), I wrote my personal statement a month ahead of time with 5 weeks available to incorporate feedback and process it, I reviewed my personal statement with multiple people (including Karen Hauer and Margaret Wheeler two times each as well as my research mentor, Kanade Shinkai), checked in with my advisor before the interview process via email to ask questions to be prepared for that would be unique to my application, met my advisor again to discuss my rank list (went into meeting with possible order). They were honest in telling me what my reaches would be, what to expect, and in the day allowed me to have a successful application process. / / My personal statement was mentioned more than a few times by interviewers and I really think that helped overcome any doubts cast by my Step 1 score.

[studentdoctor.net](http://studentdoctor.net)

Dr. Hauer was my go-to resource for questions about the application process.

**Mainly talking with advisors/mentors**

Don't underestimate talking to friends at other programs, talking to current UCSF residents about their home programs and/or programs they also applied to and liked; a lot of curricula/opportunities are very similar, so knowing the nitty-gritty day-to-day details (e.g. X program doesn't help residents pay for parking or childcare, Y paper record system is impossible to navigate, Z program sends you flowers if you have a bad day, etc.)

No

My mentors, career advisors, and friends who had matched in similar programs.

I mainly just looked at each program's website.

Program websites, advisers, UCSF alumni at programs,
These post-match surveys! Karen Hauer was very responsive to questions and worries about intricacies of the ERAS application. I ran my CV by the official career office, but I didn't find them very helpful. The best resources are recently graduated UCSF alumni, as they have first-hand experience with the process.

Speaking with the career advisor / Career development office for practice interviews/questions

The best resources are recent UCSF graduates. Ken Covinsky, Michi Yukawa, Goop Dhaliwal, Sharad Jain, and Dan Lowenstein were all good faculty resources and advocates for me.

Yes, the panels with MS4s held by my specialty

No

Residents at other programs who went to UCSF for medical school

Dr. Hauer was an incredible resource. Her advice was very accurate (in terms of how many programs to apply to, how many interviews to expect). Student doctor network, though annoying, was useful for learning when interviews were offered by certain programs.

Karen Hauer and Goop Dhaliwal are both fantastic resources; they’re knowledgeable, interested and direct.

How Doximity arrives at it's ranking is a little suspect, but it gives you good data about how and where people match into fellowships, and where people ultimately go on to practice.

Students who just matched. / Occasionally SDN is useful.

I met or spoke with Dr. Hauer a few times during the application process. I felt her advice was very useful and honest.

Doximity rankings, ERAS itself and its list of programs by city.

no

talking to current residents in the programs

Informal talks with other students and faculty I'd met during the first three years of medical school

My research mentor, residents/fellows/attendings on my electives/sub-I's, Margaret Wheeler (SFGH site director) has editorial experience if you want another set of eyes on your personal statement.

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

I would have skipped applying to programs in parts of the country I have no connection to and would likely to have not gone to anyway. I think they saw this lack of likelihood I would come to their programs and so didn't interview me.
Arrive two days before for East Coast interviews so as not to be exhausted for 7am interviews.

I think UCSF advisors do a great job helping you toe the line between being confident and safe. Although at times it may feel overly conservative at times, I feel like their advice was spot on regarding how many programs to apply to, how to handle post-interview contact, etc.

I wish I had more guidance prior to starting third year about what would involved in the residency match - especially anything that I could be thinking about during third year. Particularly, I wished I had thought to look out for people to write letters of recommendation instead of struggling to think of who to ask at the beginning of fourth year.

I would have cultivated more connections with the Parnassus-based leadership, since they have the most sway when it comes to applying to residency (especially UCSF residencies). And I would have been less limited in the geographic spread of the programs that I selected. Moreover, since the residency application process is considerably a fait accompli by the end of third year, I would have done third year differently. I would have focused on studying for shelf and board exams, and I would have minimized my time working with patients/on wards as much as possible so that I could focus on that. That's not my natural inclination, but in retrospect that's what pays off.

I don't think I needed to apply to as many programs but wouldn't have changed that because I didn't know which would be a good fit. Think carefully before about where you would want to live and only apply those places.

Advocate for myself earlier and more often (see below)

Interview at less places that were not as competitive

I was able to send 4 letters of recommendation to my residency programs, so I asked 4 of my former instructors. However, one fell through and never wrote me a letter, and I had to enlist another professor somewhat last-minute. If you're concerned that one of your letter writers might not be able to submit on time, I would recommend asking for one extra (but don't abuse this and ask for several extra, as it's unfair to request so much unnecessary work).

I would probably apply to fewer programs. I feel that geographic location is very important in ranking programs, so would only apply to programs where I would want to live for the next 3 years (but would be cautious of applying to only academic programs in CA, as these are fairly competitive). Academic advisors are great resources for assessing your competitiveness, and giving you an idea of where to apply.

Go to fewer interviews; understand importance of third year grades over pretty much everything else.

Nothing.

Start talking earlier, like 2nd year with an advisor. Also just get to know more people in internal medicine.
Apply to less programs / Interview to less programs to save money

Send thank you notes even though they say they don't matter.

Review my final rank list with more faculty advisors.

Not sure

Apply to and interview at fewer programs - I ended up interviewing at places that I knew I likely wouldn't rank highly, just because I had a hard time deciding which interviews to cut. Should have trusted advisors who said it would be ok to interview at fewer places.

Apply more broadly as there is little cost to apply and you can always turn down interviews. Reach out prophylactically to schools that you are interested in, but may think that because you are coming from UCSF you will not be a serious candidate. I did not get offered interviews at my 2nd and 3rd choice institutions. My advisors had to reach out after a rejection and try and get me an interview. Fortunately, in both cases it worked and I matched at my second choice and recieved a survey suggesting that I would have matched at my third as well. The lesson for me is that schools are screening you based on where you are coming from, and you need to make it very clear from the get go why they would be a good fit if there isn't an obvious reason for you to be a resident there.

I would interview at 2 fewer programs, and group all my interviews to be completed by the end of December. Though I loved the program I interviewed at in January, it would have been nice to be finished by the holidays.

I would have gone to fewer interviews. I got 12 but only cancelled 1. Looking at my energy level and list at the end of the day, I would have been okay with 8-9. Also, I would not have scheduled interviews on consecutive days (had 3 in a row, in two different cities at one point). The extra day in between would have been really useful to just collect thoughts and also make it to the residency dinner. Finally, try to jot down initial/gut reactions in one place (small pad/notebook) as you go through your interviews. They end up blurring together after a while.

Nothing really - I took the Nov and Dec blocks off to interview, which was great. I was focused on my interviews and not on clerkships. I would recommend this to everyone.

1. Get high Step 1 scores, 2. Get high Step 1 scores, 3. Get high Step 1 scores, and 4. perhaps get more Honors, because they seem to be the only things that really mattered.

I would have gone to fewer interviews - 6 would have been enough.

Apply to and interview at less programs. I was nervous about how many places I would get interviews so I scheduled some I wasn't thrilled about early on and then it was too late to cancel them once I got all my invites. But honestly, I applied all over the countries and some programs I didn't know how I felt about them until I got there. Still 8-10 interviews for internal medicine would have be plenty.
Nothing

- Get a higher Step 1 score beforehand. It was a source of great anxiety.

I would have interviewed at 8 schools instead of 10.

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

I pleaded with the deans to let me do Option B for step 1. I knew in my heart I wasn't ready to take the exam. I knew needed more time, but my request was declined twice. I got a score 2-3 points lower than the national average. Not bad, one might think, but I really think this closed many doors especially in academic programs. It was mentioned by 2 interviewers. My advice to future students is to study early and hard for Step 1. UCSF does not teach to the boards like other schools do. I've heard this many times before from upperclassmen but as a total newcomer to the field of medicine, I didn't fully understand what it meant until it was too late. I didn't know what to do about it. If you don't feel ready, be a stronger advocate for yourself than I was and push for that Option B or pay for that 3rd party review course, whatever it takes. It's your future career that's at stake.

I felt that advisors discouraged me from doing an away rotation, but I think it can be an incredibly useful way to see a new city and to determine if you might like to live there for the next three years. If you choose to do an away rotation, I would strongly recommend that you select a consult rotation instead of a sub-I. My interviews were extremely relaxed. A number of interviewers only asked if I had any questions or if there was anything they could clarify -- and that was it. It may be helpful to think about how you might respond to this question (or a variation of it). We rarely talked about specific activities on my application, though you should pick one or two things you like to talk about and think about how best to summarize them in under a minute. It may be helpful to think about how you might respond to this question (or a variation of it). I had one group interview and even that was very, very relaxed. You may find it useful to talk to current residents, fellows, and faculty that trained elsewhere to see how they think of their programs. People are often very positive about their training experiences and it was a great reminder to me that I would be happy at any number of programs -- not just at my #1. No matter how stellar of an applicant you are (even as a UCSF medical student), there is no guarantee that you'll match at your top choice. With that said, my class matched extremely well overall and the vast majority of people seem really happy with how things ended up. This is a stressful experience but it may be helpful to remember that you are better off than the vast majority of medical students just because of where you attended medical school.

Talk to students who just applied and matched. Even if you don't know any, someone you know in your class does know them, and that's good enough to reach out and ask.

Process was relatively painless. Very happy that I chose to cancel my January interviews.

Do everything you can to get honors during your 3rd year medicine clerkship and 4th year medicine sub-internship. This will give you more options for where you can apply and help you get strong letter.

I felt like my advisors were able to talk about UCSF vs. MGH vs. The Brigham intelligently, but that they placed all non-Top 10 schools in the same category and just made the assumption that if you
were from UCSF then you would be offered interviews anywhere else. That was not my experience and I wish that someone could have helped me better stratify my rank list of largely non-Top 10 programs and would have encouraged me to apply more broadly.

In addition to your medicine sub-I, it can be helpful to have a medical subspecialty rotation (ID, pulm, cards) during the pre-application months. This will open up more possibilities for letter writers. I ended up opting to have one clinical letter from.

UCSF students historically tend to go to a relatively small subset medicine programs, but there are tons of great programs around the country that offer very high quality academic training.

Start researching programs early. Explore ERAS's lists to find potential programs to apply to.

Internal medicine is becoming increasingly competitive due to the highly qualified applicants applying into the field. I recommend trying your best to excel during third year (clerkship grades matter), and also to find mentors in the field who can write you strong letters of recommendation. The interview is also important, so would prepare beforehand.

Karen Hauer was really a tremendous resource and gave very spot on advice. Also, try to find a UCSFer at any program you're applying to (recent grads in particular) or a current UCSF resident/fellow who did their residency there. They will more often than not be completely honest about the strengths and weaknesses of the program as well as how it compares to UCSF. Those conversations provided some of the most useful insights. Finally, enjoy and try to make friends along the road. You'll encounter a lot of the same people on the trail and it can be useful to compare notes.

In hindsight I think honors in both 3rd year clerkship and sub-I are the most important factor in getting interviews places but after that the process really seemed about being a good fit.

Third-year grades (especially IM) and the adjective you are assigned (based on % of honors) seemed very important when applying into IM. Getting AOA was icing on the cake but many people matched to their first choice without it -- don't worry if you don't get it. Enjoy the process of seeing the culture of medicine at so many different places!

It will be a very expensive process. You will need an $8,000 loan. Remember you can only apply for this loan once. Put all those costs out ahead of time and round up because there will be flight cancellations (it's winter on the east coast- notorious for snow storms). My CDC rotation in Atlanta, GA was actually a godsend (cheap delta flights out of Atlanta, GA to the Midwest/east coast and a flexible supervisor that allowed me to make up work to get to my full 40 hrs/week). / / You will be a strong interviewer for interviews #2-6. After this, fatigue sets in and you will become more careless with interview preparation because you may feel confident. Remember you will need "practice" interviews with feedback a couple more times throughout the process so this doesn't happen.

Honor more rotations during 3rd year and the subi. It is crucially important. I had the impression that UCSF students were well received at places they interview, but because for internal medicine the main selection filter is pre-interview. I did not receive many interviews at top programs, but did
get a good reception at the places I did interview - thus I felt much of it was out of my control in my ability to influence things in the application process.

Cynically, I would recommend that students focus on excelling on shelf and board exams during third year over all else. And while honors, not the shelf performance per se, is the goal, I emphasize the shelf exams because a student can get honors in a clerkship even if he/she has average or even subpar clinical and communication skills and empathy but aces the shelf exam – but not the inverse. Yup. If you're aiming for the most selective internal medicine programs (including especially UCSF), they will dispassionately filter you initially by honors/scores, and they won’t even read your application if you don’t meet their minimum thresholds. Excellent letters expounding your clinical acumen, prestigious awards, publications, etc. won’t matter much if you don’t meet those initial thresholds. Multiple choice exams rule. Make sure to apply for accommodations if you’re eligible to improve your odds.

Talk to advisors! It will make the process less stressful and you'll make a more informed decision.

Apply to less programs / Do only one or two warm up interviews / group interviews geographically

I think the first page of this survey is a little misleading. While I ended up being offered 9 interviews, I only got 4 interviews right of the bat. The other 5 I had to email and/or call the programs after not hearing for a significant time or in fact, already being told I was not going to be given an interview. That means I got more than half of my interviews by advocating for myself. What's more, the program I ended up matching into denied me an initial interview and then an advisor here at UCSF refused to call or email the program on my behalf and advocate for an interview. I went ahead and advocated for myself anyway and not only eventual got an email but ended up matching at this program. I think UCSF does a fairly poor job explaining to residency applicants that they can advocate for themselves and that just because you are denied an interview, does not mean you cannot eventually get one. I found out about this only through informal conversations with many many people. However, I recieved no formal guidance about how to go about this (i.e how long to wait before email programs, what to do if you get denied an interview, etc). For the times I was not given an interview, I called the program's and was often told I was not interviewed because "you did not honor your third year rotation". It's a little mind boggling to me that UCSF downplays the importance of third year clerkships when over and over again it became clear that the grades are INCREDIBLY important. While I apprecaiiate the school's desire to protect students from unnecesary stress, I think it does a real diservice to them by not equipting them with all of the tools to succeed. While stats make it look like I got "9 interviews and my first choice", had I not advocated very strongly for myself without any help at all from UCSF, I would have only gotten 4 interviews and even though I still may have gotten my first choice out of those 4, in reality it would have been more like my 8th choice of where I would have wanted to go....mainly because I didn't even get interviews at many places I would have liked to have been interviewed. This is especially true for students who's goal it is to stay in the SF Bay Area due to family, etc. Had I not been proactive and gone against the specific advise of official UCSF advisors I would have not doubt had to leave the area. By withholding information about what is truly important in the match process (i.e. clerkship grades and strong step 1 scores), I don't think UCSF prepares us to be in control of our own destiny. From talking ot many other students this caused many of us to be resentful and unappreciative at the time we are leaving UCSF.
Many other programs will be interested in you, so apply broadly. Also, know that UCSF does not
give special treatment to its own medical students. One UCSF faculty member put it nicely: "you are
never a hero at home." So take a look at other programs seriously, and know how you compare to
other applicants. Also, make sure you have strong advocates who can go to bat for you. The
residency application process is a little random (as all application processes are), but I was surprised
that my "safety" places didn't choose to give me an interview, while all the "top" places were very
enthusiastic about me.

Think about your application, and how you frame yourself. If possible, try to find a unifying theme.
Talk to someone about this before you interview, so you have a sense of who you are and how you
present yourself. Also, it's ok to do research in a different field if you are able to explain your
research, and how it applies to internal medicine, or to medicine concepts.

Many academic categorical programs in Internal Medicine end up feeling quite similar, so don't be
afraid to base your application list on geography or other personal factors. Drs. Dhaliwal and Hauer
are both great advisors, though I found I had to be proactive about reaching out to them for advice
on my personal statement, list of programs, etc.

Take everything program directors say with a grain of salt--there are no guarantees, so prepare
yourself to be happy at your top few places b/c you will be! Try not to buy into the hype/gossip
from others applying in Medicine-- if you can seclude yourself to some extent, I think it helps
tamper down the hysteria. One other thing I would say is that you should behave the way that feels
natural to you-- I was told not to send thank-yous, which I didn't for most programs, but if someone
was particularly lovely, I sent them anyway! Don't lose yourself in feeling like you have to follow the
rules.