<table>
<thead>
<tr>
<th>Item</th>
<th>N</th>
<th>% of specialty cohort</th>
<th>Mean</th>
<th>Standard Deviation</th>
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<tbody>
<tr>
<td>Graduation year</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2015</td>
<td>35</td>
<td>51.5%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2016</td>
<td>33</td>
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</tr>
<tr>
<td>Three digit Step 1 score</td>
<td></td>
<td></td>
<td>240.2</td>
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<tr>
<td>MSPE Adjective:</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Outstanding</td>
<td>20</td>
<td>29.4%</td>
<td></td>
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<tr>
<td>Superior</td>
<td>11</td>
<td>16.2%</td>
<td></td>
<td></td>
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<tr>
<td>Excellent</td>
<td>37</td>
<td>54.4%</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>
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<td></td>
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</tr>
<tr>
<td>AOA elected</td>
<td>11</td>
<td>16.2%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Applied to preliminary or transitional programs</td>
<td>0</td>
<td>0.0%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other specialties applied to:</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Child Neurology</td>
<td>1</td>
<td>1.5%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Emergency Medicine</td>
<td>1</td>
<td>1.5%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Family Medicine</td>
<td>2</td>
<td>3.0%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Psychiatry</td>
<td>1</td>
<td>1.5%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Surgery</td>
<td>1</td>
<td>1.5%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Number of categorical programs applied to</td>
<td></td>
<td></td>
<td>28.5</td>
<td>15.8</td>
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<tr>
<td>Honors Received:</td>
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<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Anesthesia</td>
<td>15</td>
<td>22.1%</td>
<td></td>
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</tr>
<tr>
<td>FCM</td>
<td>20</td>
<td>29.4%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Internal Medicine</td>
<td>27</td>
<td>39.7%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Neurology</td>
<td>26</td>
<td>38.2%</td>
<td></td>
<td></td>
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<tr>
<td>Obstetrics/Gynecology</td>
<td>20</td>
<td>29.4%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Pediatrics</td>
<td>22</td>
<td>32.4%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Psychiatry</td>
<td>22</td>
<td>32.4%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Surgery</td>
<td>24</td>
<td>35.3%</td>
<td></td>
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</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**  
**N= 44 (17.1% 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>10.6</td>
<td>3.4</td>
<td>4</td>
<td>20</td>
</tr>
<tr>
<td>How many programs invited you to interview?</td>
<td></td>
<td></td>
<td>12.6</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>10.8</td>
<td>3.3</td>
<td>4</td>
<td>20</td>
</tr>
<tr>
<td>Where did the program you matched fall on your rank list?</td>
<td></td>
<td></td>
<td>1.7</td>
<td>1.2</td>
<td>1</td>
<td>6</td>
</tr>
<tr>
<td>Did you review your application with a career advisor before applying?</td>
<td>42</td>
<td>95.5%</td>
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<tr>
<td>Before ranking programs, did you review your rank list with a career advisor?</td>
<td>19</td>
<td>43.2%</td>
<td></td>
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</tr>
<tr>
<td>Total Spent on Interviews</td>
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<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>$0-$500</td>
<td>1</td>
<td>2.3%</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>$501-$1000</td>
<td>9</td>
<td>20.5%</td>
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<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>$1001-$2000</td>
<td>13</td>
<td>29.5%</td>
<td></td>
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<td></td>
</tr>
<tr>
<td>$2001-$3000</td>
<td>10</td>
<td>22.7%</td>
<td></td>
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<td></td>
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</tr>
<tr>
<td>$3001-$4000</td>
<td>8</td>
<td>18.2%</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>&gt;$4000</td>
<td>3</td>
<td>6.8%</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Did you complete a Pathway project?</td>
<td>21</td>
<td>47.7%</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>32</td>
<td>72.7%</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Did you have a publication during medical school?</td>
<td>27</td>
<td>61.4%</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
The field project was in:

Liver transplantation

Oncology

Treatment guidelines

Cardiology

Pulmonary/Public Health

Infectious disease - viral genomics

Nephrology

Primary Care

ID

improving interprofessional communication; lymphoma management

Medical Education

Tuberculosis diagnostics and therapeutics

Oncology clinical research

one project in Hematology/Oncology and two in Neurology/Neuroscience

Cancer biology

Rheumatology

Internal Medicine

Quality Improvement

Nephrology

Medical education

Cardiology, internal medicine

Medical Education

Immunology

Critical care medicine

Cardiac tissue engineering
Internal medicine- patient provider communication

Infectious diseases

Cardiology

Cardiology, electrophysiology

**Describe any publications:**

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

peer reviewed journal article

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).

Book chapter

Second author on original research. Co-first author on review paper. Also upcoming first author on original research.

two first author publications in PLOS Neglected Tropical Diseases

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

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

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.

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.

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

qualitative paper from research done before med school

Discrepant vascular nodules on cross-sectional imaging and angiography in patients with HCC undergoing TACE
One clinical case study and one small research study on student run clinics. Both published in relatively low impact journals

2 academic first author publications / 5 lay press articles

Perspective piece in anesthesia, policy piece in pediatrics

2 in cardiology, both were original clinical research papers.

1. One research project was published in a peer-reviewed journal based on primary data collection and analysis done starting in the summer after my first year / 2. One clinical image published in a peer-reviewed journal

Basic research publications from PhD. One first-author publication.

3 first author peer reviewed publications in basic science journals, 1 first author solicited book chapter, 2 secondary author papers in peer reviewed basic science journals for collaborative work.

Publication of basic science work completed before medical school.

I had a few molecular biology based on mouse genetics papers related to the staff research position I had working at Mission Bay.

3 abstracts--2 in heart transplantation research, 1 in medical education / 4 peer reviewed papers--1 a co-first author, 3 non-first author from research prior to medical school.

Cross sectional retrospective study as part of pathways between 1st and 2nd year. Also several abstracts from working with my PI.

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

Karen Hauer (17)
Sharad Jain (2)
Gurpreet Dhaliwal (8)
Elizabeth Harleman
Margaret Wheeler (6)
Ken Covinsky
Sumant Ranji
Calvin Chou (2)
Cindy Lai (3)

What were your most useful career resources?

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

studentdoctor.net

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

Mainly talking with advisors/mentors

Doximity rankings, ERAS itself and its list of programs by city.
Students who just matched. Occasionally SDN is useful.

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.

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.

Residents at other programs who went to UCSF for medical school

Yes, the panels with MS4s held by my specialty

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.

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.

I mainly just looked at each program's website.

It was helpful speaking with several mentors in the field and other students -- my PI, a 3rd year attending, a 4th year attending, word of mouth among students.

I did not get very specific advice from the career advisors regarding my rank list -- the responses I received were vague, along the lines of "choose whatever felt like was the best fit," which is undoubtedly true but not what I needed at the time. Calvin Chou was immensely helpful in helping me develop a framework to clarify my values and determine which program was the best fit.

Family members

UCSF office of career services was helpful in preparing my resume and application.

Mentors! Calvin Chou, Michael Harper, Jeff Kohlwes, Gupreet Dhaliwal were all particularly helpful. I also met with Dean P, but I'd say that the advice from the med ed people is much more generalized, and so for specific questions I would recommend that people talk to people who know them and the programs that they're looking into. There's also the office of career development, which is great for interview practice! The application building tips are helpful if you need to brush up on how to write a resume. I also remember the SOM sending some general info about personal statements--in the end I just took the advice of residents and already matched 4th years for this. / / Studentdoctor.net--->anxiety provoking but good for really specific questions you don't want to ask the deans about.

Doximity

post-match surveys / advisors, current residents, attendings I worked with.

Student Doctor Network, Doximity and Upperclassmen for information pertaining to specific IM programs to apply to.
- Talking to recent UCSF graduates who went through the process and were at the programs I was interested in /
- Doximity is useful to get a sense of programs across the country / - When you are on your sub-I, talk to the residents about different IM pro

Not really, just meeting with my career advisor. 

Other classmates

Talking with students who have matched in previous years.

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

Advocate for myself earlier and more often (see below)

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 interviewed at 8 schools instead of 10.

Interview at fewer programs.

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 to less programs / Interview to less programs to save money

Nothing.

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.

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 received 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.

Not sure

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.

Interview at less places that were not as competitive

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

Start talking earlier, like 2nd year with an advisor. Also just get to know more people in internal medicine.
I wish I had more guidance prior to starting third year about what would involve 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 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).

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.

Advocate for myself earlier (I don't think there's such a thing as "too early" to reach out to a program of interest).

I would not double apply (I double applied in psychiatry)

I would have interviewed at fewer programs and canceled interviews near the end of the process, especially the ones in which I was less interested in. I was pretty conservative with the number of interviews I went to but I would have saved a lot of money if I went to fewer.

I wouldn't have done anything differently despite feeling that I went on more interviews than I probably should have gone on. I felt the need to apply to a long list of programs and go on so many interviews because I never felt very reassured that my grades and boards scores would allow me to get into my preferred programs. In order to overcome anxiety of not matching, or not matching into a program that I wanted to go to, I applied to a variety of programs in many different cities.

I might have went to 1-2 less programs, but honestly most programs that I went to were very good. Most internal medicine programs are similar so really it's about location--less about the rigor of the program (most if not all have sufficient rigor to being great residency programs). Also, if you want to go to a residency program outside of UCSF, I would email sooner than later if you haven't gotten a spot. Not every program can interview every single UCSF internal medicine applicant so it's up to you to show to the program you're interested. I would email no longer than late October/early November if you haven't gotten an interview spot.

Either make more time for myself to do interviews or attend fewer interviews.

- Don't be shy about sending interest emails to programs early and often; you'd be surprised the difference this can make.
I would've definitely applied to less programs and narrowed my geographic preference earlier. I knew which area I wanted to live in but felt kind of obligated to travel and visit other parts of the country. It's still worth it if you can mix some vacation in there too, but it's also stressful and time + money consuming. / / Double check NRMP numbers and your schedule! So many horror stories about people showing up to programs on the wrong day, etc...out there on the trail. / / Take care of yourself throughout this process, it's easy to get burned out and stop caring by the time you interview at your last programs, which is a waste of everyone's time.

Interview only at programs I would truly be interested in or OK going to.

Don't assume that if someone promises to write you a letter, they will in 6 months or 1 year later. Ask for a letter immediately after you finish a rotation if you feel you did well. If any faculty offers to write you a letter, accept it, quickly make a CV and write a PS immediately (even if it isn't that good) and ask them to draft something as soon as possible so it's fresh in their minds. I found myself scrambling for a letter after someone who had I had asked a year ago not remembering who I was and subsequently could not write one for me. / / Though this is probably not that specific for residency, I would have been more assertive and willing to take time off for myself, even as Residency Application Deadlines are coming up. Realize that you can take a year off or six months off anytime if you really need it, you just need to have some sort of plan (a fact I only found out much later). I found myself knee deep in family obligations while doing the beginning of my 3rd clerkships year after months of dealing with a family member with a terminal illness during second year that suddenly passed away a week before my step1 test. My mistake was trying to balance both school/step1 while going to their doctor's appointments/hospitalizations. While no one said I couldn't take time off, I felt I had to begin 3rd year Clerkships right away when really I should have taken some time off for myself to handle family obligations that result from a death in the family. At times I felt this made me emotionally unavailable to my patients and I really regret not having spent more time with my parent before they died. I kinda wished the school would have said, hey take as much time as you need right up front when they found out about my situation. So don't rush through this application or any part of medical school if you feel you aren't ready. /

Arrive early for East Coast interviews, most of them have 7 am start time so make sure you can get enough rest beforehand

I would not do anything differently however I feel that the school needs some feedback on their advising system. While my advisor Dr. Lai was extremely helpful to me, it was clear she was stretched far too thin between being a prelim and core medicine advisor + clerkship coordinator + her own clinical responsibilities. While she was absolutely wonderful with me, I did not feel that she took me on as her Mentee in the process like other school's advisors and this is the product of her needing to serve that role to so many students. As such, she was helpful with practical purposes of the process and insight regarding the different programs I was applying to, I didn't fully feel that she or anyone else would really advocate for me in the same way that advisors at other schools do. I think Dr. Lai was fantastic and would be an even more fantastic advisor and mentor if there were more advisors to increase the quality of each advisor/advisee relationship.

Email a program I was especially interested in earlier if I didn't hear from them

Definitely would have contacted programs more proactively regarding interviews. Many programs really value your geographic background so it's important to bring up any ties to the location you have.

Is there any other information helpful to UCSF students who will apply to your specialty choice in the future?
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 received 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 appreciate the school's desire to protect students from unnecessary stress, I think it does a real diservice to them by not equipping 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 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 to many other students this caused many of us to be resentful and unappreciative at the time we are leaving UCSF.

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. 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.

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.

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.

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

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

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.

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.

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.

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.

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/even 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.

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!

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

if you did not honor 3rd year medicine (and I hope this happens to far fewer of you because of the recent changes!), and you don't have a "superior" adjective or above, then understand that this process won't be easy or handed to you as a UCSF student. Even if you honored other rotations 3rd year and your medicine sub-I, without the requisite 3rd year medicine honors or majority honors, self-advocacy is SUPER key. Case in point: out of the top 7 programs on my rank list, I got 5 of those interviews simply by reaching out to the programs (!) - I had read how important being proactive about this was on previous post-match surveys, but was still absolutely shocked at how much a role this played in getting me interviews. This is particularly true if the
program isn't in California or somewhere else you have obvious connections to. I'd say the earlier the better--especially with the dean's letter coming out earlier, interviews are going earlier in the season and slots might be full if you wait too long. Meet with your advisors/mentors early, let them know about how the residency apps are going--you may be surprised that some are willing to contact people on your behalf to help you out! / / tl;dr: Advocate for yourself, and do it early :). 

Stay glued to your email because the interview spots fill up really quickly (sometimes after 5 min over half of the open spots were gone). Terrible for your mental health.

Third year and subi medicine honors will help very much in getting interviews. Given the massive number of internal medicine admits, most programs will screen by this criteria (given a "good enough" step 1 score). I think it's unnecessary to dabble in a bunch of different activities--it's much more impressive and worthwhile (during interviews particularly) to focus and have deep conversations about what you're working on/what you're interested in.

For internal medicine applicants, what I'd say is that there are a million programs out there to apply to, so you have to figure out what you want from a program before making your application list. In my experience, competitiveness was determined more by school name, clinical grades, LORs, and how you can make yourself unique compared to the TONS AND TONS of other medicine applicants. Step scores stop mattering after a certain threshold--a high score doesn't guarantee anything. Also, everybody will want to give you advice, so try to stay focused on the core things you want for your residency training, and things will work themselves out. / / Also, I didn't send thank you notes or 'ranking you #1' or anything like that and did just fine in the match, and most programs are moving away from that.

Don't over apply and use career advisors to guide how extensive your application list should be based on your personal checklist and your qualifications.

Couples matching is completely different than applying individually- get help from Dr. P or advisors like Dr. Wheeler who can help you think critically about how to go about it in a reasonable way.

Also, though I didn't do one, I felt that the blanket advice found on the website for those thinking about applying into Internal Medicine not doing an away rotation does a big disservice for students, especially those who may not be as competitive (i.e. apply only to 10 programs, rank only top ten programs etc). By the time I realized I wanted to do an away rotation, it would have been too late to scramble and apply for programs I would've liked. My advice would be prepare to do an away rotation early on, just in case you decide to do one, especially if you are split between different specialities. / / Make sure to submit everything and have a complete application by day 1, especially for those who are not as competitive in Internal Medicine. I got this sense that a lot of IM programs just have too many applicants to look through and review based on a first come first serve basis. I felt that I got a good number of interviews early on, just because I had my PS/LOR/Application all sent in by the first day compared to some of my peers who applied days later. / / Apply really broadly, especially for someone who is not that competitive. I think for those in my situation of being a lower mid tier applicant, it's hard to figure out which programs to apply to that's not UCSF/Stanford/Harvard etc. As Doctor Jain said, the amount of money it takes to apply to more programs is really not that much in the grand scheme of things so why not? I got a handful of interviews at places that pleasantly surprised me just because I added them on a whim. Also, I felt this particular year was especially competitive as there was a large number of students applying into IM. In hindsight, I would've applied to way more programs, as you never know where you'll get an interview you may like! Plus, you can always cancel interviews, so long as you do it relatively early and are considerate to other applicants. / / 

- Advocate for yourself! If you are really interested in a program that you haven't heard from, call the coordinator and express your interest. Also, your career advisor will call one program that you are interested in and haven't heard from to get you an
One piece of advice someone gave me early on is to not apply to programs that I genuinely don't see myself going to (aka certain cities that I would not live in over other programs that I could likely equally match at). So I withdrew a lot of programs once I started getting interviews at places I knew I would be happy at. But this obviously depends on how strong ones application is. But overall, people who interviewed at fewer programs were happier and more relaxed during the interview process.

I think losing Dr. Hauer was unfortunate - I don't know if the other advisors are straight shooters or on top of the application process enough to give an honest assessment of your chances. Places I was told I would get into comfortably didn't even give me an interview.

Try to honor medicine if you can because that will help a lot, especially if you're aiming to stay at UCSF. Step scores not as important as clerkship grades for IM.