

Post Match Reporting
2022-2024 Match Cohort Data

Specialty: Internal Medicine
Number of Survey Respondents = 74
2022(32%), 2023(41%), 2024(27%)

Match year	Match cohort	% total cohort
2022	36	24.7%
2023	45	24.9%
2024	33	20.1%

	Mean	St Dev
Step 2	250.55	13.04

Which career resources did you use to make your career decisions?

Confidential/Specialty Advisors	56
Bridges Coaches	48
Near Peers	41
UCSF Post Match Reports	36
Reddit	29
Career Advising Website	25
Doximity	22
Specialty interest group-sponsored panels and presentations	22
Texas Star Dashboard	17
Co-Directors of Career Advising Program, Drs. Brent Kobashi and Heather Whelan	17
AAMC Careers in Medicine Website	14
Participation in in-house and extramural electives	11
Office of Career and Professional Development	10
Other publications and web-based resources	5
School-sponsored career planning workshops and courses	4

Other: Please describe

Clinical/research mentors, friends/family

Exposure during clerkships, speaking to faculty from specialties I was interested in
Freida

I came into medical school very confident that I wanted to do internal medicine vs. family medicine. My clinical experience in 3rd year rotations was the biggest deciding factor. After I decided on Internal Medicine near peers, formal and informal specialty advising, my coach (who is an internist), and research mentors were all helpful in helping me hone what type of IM programs were a good fit and how to prepare my application and for interviews

other mentors, panels

Residents

Rotations

Talking with interns and residents, friends outside of medicine

the spreadsheet and discord

UCSF mentors, family

Working on the wards with each specialty

Did you review the list of programs to which you applied with a Specialty Advisor?

Yes 60
No 11

Before ranking programs, did you review your rank list with a Specialty Advisor?

Yes 33
No 38

If not a Specialty Advisor, whom did you review your rank list with?

Faculty	13
Family	30
No one	4
Outside mentor(s)	16
Partner/Spouse	44
Residents/Fellows	17

Other: Please describe

near-peer friends
Classmates
Peers
Friends
Friends who are also classmates

Were you advised to do an away rotation by a specialty advisor?

Yes 1
No 71

**Who was your most effective career advisor for your specialty?
(number of multiple mentions)**

Binh Ah Phan	3
Cindy Lai	36
Bridges Coach	1
Can I say Reddit? ...Reddit.	1
Dr Era(Irina) Kryzhanovskaya	1
Dr. Philips	1
Whelan	1
Peter Ureste	1
Shelene Stine	1
Dr. Bell	1
Dr. Dhaliwal	18

Gurpreet Dhaliwal: he was engaged throughout the process, responded promptly to emails/questions, and gave honest feedback about my competitiveness. I wish he'd become a mentor of mine sooner in medical school! 1

Gurpreet was incredible!

The most helpful person to me was Dr. Dhaliwal, he was amazing

I worked with Gurpreet who was very knowledgeable and honest, although less familiar with east coast programs.

The help of Dr. Bell (confidential IM advisor) was critical in preparing my application and prepping for interviews. I came to her with some unstructured ideas about how to put together my MSPE paragraphs, personal statement, and interview communications into a cohesive story, and she really helped me make it all reality. Her general feedback and specific edits dramatically improved the quality of my application materials. Dr. Dhaliwal was my non-confidential advisor and he was also extremely helpful throughout the entire process. I went to him more specific, and logistical questions about the residency process. He was always extremely quick to respond and provided very clear answers/guidance. He also did a review of my application materials when they were in semi-final form. He accurately predicted where I would get interviews and how I would do in the Match. I feel lucky to have had such great advisors.

If you were to do anything differently in the residency application process, what would that be?

Definitely good to start with some lower-stakes interviews to get some of your answers streamlined. I still had a hard time knowing how much to talk during socials if, say, other people were pretty quiet. One time I didn't wear suit pants to an interview at a place I wasn't as interested in going to and I was chit chatting with my interview and actually without thinking told him that this was the first interview I hadn't dressed in full suit for and it was fine but I would not recommend disclosing that lol. Also good to check in early and often with your advisers and with OCPD. Was very helpful to connect with alums at NYC programs. I think overall I was well-guided through the process and didn't have many regrets. I sent thank yous to some of my interviewers but I don't think it changes anything for most programs.

Be more forward about why I was considering a program during interviews (e.g., compelling personal reasons that made me favor a location) and better manage anxiety (though that's of course easier to say than do)

Vouch for my top choice earlier, realize that rank lists for programs close soon after interviews. If you want to have faculty or residents put in a good word, I would recommend having that done shortly after your interview if not before.

Nothing

check in with OCPD sooner

spread out my interviews more evenly and/or interview at fewer programs

Spend more time researching programs before applying in ERAS

Probably would have started studying for Step 1 earlier in medical school...not sure how useful this will be given Step 1 has transitioned to pass/fail. Likely, greater emphasis will be on Step 2 CK. Otherwise, looking back, I would not change anything about the experience.

Stress less about the application process and choose career launch sub-Is more wisely.

Send letters of interest to programs you really want to interview at BEFORE THEY RELEASE INTERVIEWS. It is essentially a hidden curriculum part of applying that letters of interest help enormously in being granted an interview, especially in the post-COVID digital era. Also, consider writing your personal statement in a way to where you can personalize a version for your ~top 3-5 programs. From reddit/discord, this anecdotally seemed to increase interview yield.

Would have reviewed electives with an advisor.

- attended less interviews (went to 17 total) because I was not confident in my step one score - start working on the parts of your application early, like around June (very likely that you will be on some Sub-I/Acting Internship right before ERAS is due)

apply to more schools - 25 for internal medicine was not enough.

Apply to less programs; (I applied 25-30 and got more than 20 invitations).

I would reach out to my specialty advisor early for advice regarding how to reach out to programs that I am interested in but did not receive interview invitations.

I think I overestimated my competitiveness in general. I think there is a myth that medicine is not as competitive as other fields or that reputation has an outsized influence, which I found to be untrue. I would have started to prepare my application material sooner (personal statement, letters of rec, etc). We were advised that step 2 scores aren't necessarily required, but I think 1) it was a distraction and 2) would have helped my application. So, I probably would have tried to knock step2 out before applications. Finally, scheduling for interviews is tough. I had interviews from early Nov to Feb2. I wouldn't plan a lot in terms of rotations during that period.

Review my rank list with more recent graduates from UCSF, discuss "hidden curriculum" aspects of the interview process that negatively impacted my rank list decisions, and allocate more time to Step 2.

I would have interviewed at fewer institutions. Also, I would advise that what you hear from program directors on the interview day or via email after is meaningless. I was told some things that gave me confidence that I would match at certain programs but I ultimately did not. I would also stay away from the reddit spreadsheets--they were a big source of stress for me and didn't yield very much helpful information.

I would have contacted more residents from each program I interviewed at earlier than February. I initially contacted people after interviews were completed, but this could really have been done earlier so I could get a better sample size of residents from each program

Put more time into constructing my rank list. Really thinking hard about the pros and cons of each program.

I would apply to fewer programs. Also, earlier on in medical school I would have shadowed more specialties.

I applied to 15 programs and I think applying to a few more would have been helpful in reducing stress when interviews were first coming out. While I ended up receiving 11 interviews, all 4 of the ones I did not receive were in the first week of interview release, such that my ratio of interviews received to interviews released was 1/5 for a period. Given that it's unusual to apply to more programs later on, it would have been nice to have more wiggle room to not receive certain interviews and still have a comfortable total number of interviews.

Take good care of yourself - eat well, get lots of exercise, and enjoy time with loved ones. The waiting was incredibly stressful and I wish I handled it better.

I wish I had applied to more programs. Based on advice from my specialty advisor and mentors, my application was thought to be strong and I was advised that applying to 20 IM programs would be more than enough. However, I didn't end up getting as many interviews as expected, and so I had to apply to more programs later in the application cycle. Although I ended up matching at one of my original twenty programs, the whole process was honestly quite stressful and I wish I had applied to more programs earlier on.

Fewer low priority interviews up front. I would have canceled some of them if I had saved them for later.

Change my Rank List.

Make use of the mock interview services at the UCSF Career Center earlier and more often, to gain comfort with common interview questions before my first interview.

I'm not sure, but maybe schedule some of my interviews later in the season.

Nothing

decide on specialty earlier

I would take some time off for myself and wait a year. I switched specialties two weeks prior to applications were do and it was incredibly special. I would also make a decision about my specialty choice earlier and stuck with it despite the misgiving I was having or just switched earlier. The hesitancy and waiting hurt my application to residency.

Reaching out to programs I was most interested in earlier in the process.

I'm very happy with my match outcome so nothing.

I would not have scheduled STEP 1 and STEP 2 back to back. I was extremely burnt out after STEP1 and I think

trying to do STEP 2 right after was too much. If I could go back in time, I would have done electives and Sub-I's after STEP1. By doing this, I think there would have been more opportunities for me to consolidate my knowledge and I would have been more motivated to get a higher STEP 2 score. Although the advice from advisors was that standardized tests were not all that important when applying internal medicine and I was able to get virtually all the interviews I wanted from programs with my STEP 2 score, I sometimes wonder if I had a slightly higher score if that would have helped me match at my number 1. Regardless, I am happy with where I ended up for residency :)

I would have been more intentional about finding a mentor/advisor in my specialty of choice. While there's a wealth of information on Reddit (and I found it to be extremely useful), I think I missed out on the opportunity to have someone to ask questions/guide me along the way. Additionally, don't underestimate the power of having an advocate with connections at programs that you are most excited about - having someone reach out on your behalf can be a game-changer.

Believe the residency advisor and not over apply to programs. Most safety programs I added to my list last minute did not interview me.

I really wanted to stay in the Bay Area so I limited where I applied to. However, when it came time to rank programs, I realized that I didn't have the flexibility to remove programs that I wasn't the biggest fan of. I ended up ranking programs that I wasn't super excited about (even though I would rather go there than not match) because I didn't have a lot of options. Looking back, I probably would have applied to a few more places so I would have more options at the end of the application season.

Be less worried

I felt that advisors overestimated my competitiveness. I did not get interviews from top programs that mentors thought I would. Ultimately, I ended up getting my top choice even before the application process, but it was very stressful. I would have applied to more top programs in less desirable locations and sent letters of interest earlier on

I would have strongly considered dual applying. They make it seem like you have to pick just one specialty to apply to. I had a red flag on my application that my non confidential advisor said I should address in my personal statement, which I reviewed with my specialty advisor. I would say that all specialty advisors should encourage dual applying if a student has a red flag.

I don't have free will. Rewinding the clock would result in the same outcome.

Not emphasize primary care in my application as much

I would try to tune out what my peers are doing even more and just focus on my own process. Even though this is hard, I would try to really understand what my priorities for residency are earlier on. I would also schedule 2 interviews a week (monday/friday, for example), to speed up the process since it took a lot of mental space.

I would have set better expectations with myself about the rigors of interview season, and given myself more spaciousness in my schedule to accommodate that (for example, it's a bit unrealistic to balance clinical rotation on weeks when you have interviews... TA work and Deep Explore are generally OK to schedule during interviews). I

had heard from some people that it was generally pleasant and enjoyable, which it was in some ways! However, I did not expect how emotionally intensive it would feel to imagine myself in these different residency programs (and have existential questions about which is best for me!).

Please provide any other information that might be helpful to UCSF students who will apply to your specialty choice in the future

One key thing for people who do not honor their medicine AIs: you can and will still match even if you didn't honor your medicine AI! It does matter, and I think it is more likely I would have matched at my top choice if I had honored, but at the end of the day, I got interviews to all but one of my top programs and matched at my third-ranked program (the top 2 were PC and categorical at the same place, so I ended up at my second-favorite hospital system). Keep in mind that the UCSF reputation matters, maybe even more in IM than other fields, and while I think on average overall for IM applicants they match at their 7th or so rank, at UCSF for IM I believe the number is much higher. And that is including people who did not honor!! So, resist the temptation to beat yourself up. Focus on learning, and the rewarding feeling of helping patients and your team. For me, the beginning of fourth year was really rough and I felt super incompetent, but by the end of fourth year with an additional year's worth of learning and practice I felt ready for intern year! (alho talk to me in a couple months..) Another very specific thing for people dual-applying to PC/Categorical programs: I applied to primary care and categorical programs, largely in NYC/Philly/Bmore. Many of these programs have joint primary care and categorical interview days, and since the PC programs are smaller, they are the ones often sending the interview request, sometimes without explicitly stating that they're also considering you for categorical program based on the same interview. This is something I wondered about when I only got PC interviews initially, and when I asked my adviser, he said they were likely separate interview days, which concerned me more. After sending individual emails to the programs I was reassured. The post-match reports from previous years were helpful, and many said to apply to fewer programs. I think I applied to 17 counting PC and categorical as 1.5 if I applied to both at the same program. This was a good number for me. Most of my interview requests came October and November and my interviews were November through January. Another common recommendation was to email programs you hadn't gotten interview invites for... I did try this but maybe a bit late (early-mid dec) and half-heartedly (didn't ask Gurpreet for support on this). Finally, know that UCSF IM discourages sending letters of intent to your top program, which is something that felt hard not to do but I ultimately did not do and I don't think affected my trajectory (hard to know I guess).

It's helpful to prepare for virtual interviews with friends or faculty!

Recommendations from residents and faculty are important! I think they positively influenced where I matched to a great degree, and I would say the absence of them for my top choice program was one of the main reasons why I did not match there.

Collect and group all your experiences throughout medical school early on

Check-in with your Specialty Adviser early in the process. Do well in your AI.

Meet early and often with career advisors

Don't be afraid to advocate for yourself by sending letters/emails of interest to the programs you are interested in -

doing this early on is important. If you still haven't heard back from programs that are among your top preferences, reach out to your specialty adviser or a trusted mentor/letter writer with connections to the program to advocate on your behalf.

To be a happy resident, you need to have a balanced home life that makes you happy. If location matters a lot, seriously consider weighing that heavily in the ranking process. If family does? Similarly. You cannot perform optimally in the hospital if you feel unstable and unhappy at home.

If you can, try to find mentors early in the process and stay in touch with them throughout. If you are applying research track, talk to near peers/trainees/faculty who went through a similar application process and not just specialty Career Advisors.

don't stress about post interview communication. In IM, you do not need to do it. While I did send letters of interest because I was seeking a geographic switch to a specific area, I sent zero thank you emails and did not send a letter of intent. Don't overweight program prestige - it's one of the most distracting elements of the process. If a program does something like give you a call to tell you they are "ranking you highly" or some other complimentary post-IV phone call, approach that with enormous suspicion. It is an indication that they are willing to manipulate you to influence your ranking.

- reach out to advisors early and often (while deciding on a specialty, choosing courses, applying for programs, creating rank list). Don't worry if your questions are 'dumb', it's better to just ask if you are not sure, rather than relying on hearsay.- create connections as you can with attendings you work with on the wards. I wish I had followed up on that more to have more mentors I could consult in my chosen specialty.

- after each interview, take some time to write down or voice record your reactions and reflections about the program; after 3-5 interviews, and especially by the time you put in the rank list, a lot of the programs start to blend together - if possible, consider reaching out to an UCSF alum who is current or recently graduated from the residency program; important to inquire the culture, support from leadership, clinical opportunities, work-life balance, etc...- start practicing your answers to common interview questions after submitting ERAS; it took me a few interviews to start feeling natural talking about myself - the Office of Career Development providers AMAZING resources, including mock interviews, reviewing CV, etc... They were incredibly helpful!

UCSF doesn't always take their own, don't get your hopes up.

Reach out to specialty advisors early and seek their advice during application process.

There have been a lot of changes over the pandemic application seasons, and it seems like programs are having trouble figuring out who is actually interested in their programs. I'm not sure that UCSF's advising has caught up recent trends (ex targeted personal statements, early communications with programs, or the increased importance of Step2). I don't think advising was very helpful on the issue of PSTP programs, which are very different from one program to the next. This will require a ton of research on your part. Finally, the number 1 question I got during the interview season was diversity and inclusion work. This should be seen as essential to an application.

Advocating for yourself does work. I had one program I was interested in that hadn't sent me an interview yet and a 24 hrs after emailing the PD and expressing interest I was emailed back by the PD saying they "had their eye on my

application" and was invited to interview.

The interview process is very relaxed and laid back, but there are a few things you'll need to do to prepare before your first interview. Having a few patient stories ready as well as an idea of what you want to do with your career will help you.

I found it very helpful to practice interview questions in advance. (I made use of the Office of Career and Professional Development's interview video series and their one-on-one practice sessions). After each of my interviews, I jotted down any questions that I had not been asked in prior interviews and/or questions I felt I could have had a better response to. Taking some time to reflect after the pressure-filled moment of the interview helped me further refine my responses and feel sharp throughout the long interview season. I strongly recommend connecting with UCSF grads at your favorite programs. Speaking with recent UCSF students helped me solidify my rank list and define what mattered most for me in a program. Finally, in choosing clinical electives as an MS4, I found it very helpful to review past course evals (viewable through CLE; I think there is also a link in the weekly student digest). Choosing electives with strong teaching reviews helped me identify electives where I had a clear role as a student and felt well supported, in turn helping me meet my goals as a sub-I.

Make sure to check fellowship program lists from each program and see if the fellowship you're interested in is on that list for the program. Questions important questions of how the faculty and admin treat their residents. Questions I found really helpful were "If there were a student struggling, how does admin react?" " If a resident did not show up to their shift or were late, how does the faculty initially respond? Is it with concern and checking-in to make a safe learning environment or something else?"

Advising: I spoke to Cindy Lai. I rotated at the general and parnassus, and since Margaret wheeler stepped down Cindy was my only option. I think she had a lot of volume this year, so honestly was only intermittently responsive to my questions and requests to meet. If she doesn't respond to your email in a couple of days, chances are it's lost, just try again in a week or two. She will get your letter in on time though. In terms of advising quality, I didn't feel like she was at all invested in me and I did not think she gave good advice for a couples match applicant (more on this later). My recommendation would be to meet with your committee letter writer for advice, but to also consult Reddit, your CMC coach, other letter writers in IM, and anyone you trust to collect a variety of opinions. If you have the option, my impression is that Binh An is a better advisor than Cindy based on my friend's experiences. Program type: Four major types of IM programs: 1) Academic - like UCSF, affiliated with medical center, tend to me more competitive for specialty match, 2) Community - tend to be smaller, more intimate, focused on clinical care with less research/inquiry responsibilities for residents, perhaps less opportunities for fellowship than academic residency, 3) Hybrid programs - examples include Kaiser (sort of an in-between experience for academic vs community; Kaiser also has a lot of its own in-house fellowships that heavily pull from kaiser residents), and community-affiliate programs (example being UCLA-Olive View - a community program that is affiliated with an academic program and does some exchanges with them; not an academic program outright, still very clinically focused, but tend to be some of the best community programs), and finally, 4) special tracks, of which the most common is primary care. Many programs will have both a primary care track and a categorical track. If you are seriously considering primary care (maybe at least 50% sure you want to do outpatient primary care), it may be worth applying to these programs because you will get special dedicated outpatient training. If you're not 100% sure about being a PCP, that's okay, just be honest with the programs when you apply and let them decide for themselves if you are interested enough. The PC programs themselves vary wildly in what they consider to be a strong enough commitment to primary care, and some may want that 50%-sure applicant whereas others will not. The ethical issue is when people pretend they're more interested in primary care than they are just because they want to go to that institution or live in that city, and I don't need to tell you that's not an okay thing to do. Program Number: Something to try to get some guidance on is how many programs. Historically for non-couples match applicants in IM, people were mostly told somewhere between 10-30 depending on how the advisor judges your goals and competitiveness. I was told to apply to 15 as a solo-applicant and, honestly, though I was definitely a

competitive applicant and was fortunate to have a successful cycle, this is a really low number when you're looking for 10-12 continuous ranks. I applied to 21 and ended up getting 12 interviews, mostly at top academic programs. My impression from how our class performed collectively this cycle (many, many people got less interviews than they were indicated to expect from advisors, and I had several friends who capped out at 6-8 total interviews) is that IM has gotten more competitive and the UCSF name is not enough to coast through like it may have been in the past. I would consider adding 5 or so extra programs from the number advising gives just to give yourself a buffer, because I don't think our advising has caught up with the changing times and they tend to oversell (at least this year) our competitiveness.

Program Selection: where to apply? A couple of big considerations to help you build a list: 1) Academic vs Community: if interested in fellowship, it's generally advised to go to an academic program to maximize options. Similarly, if you're at all interested in an academic career, consider an academic residency (residency at a program affiliated with a medical school and research university). In IM, all the most competitive programs are academic. If you are sure you want to work in a non-academic setting, then a community program might be a better fit (eg less research requirements in residency, not having to deal with toxicity from academia, etc). Kaiser (which has their own fellowships and like to take their own residents) and academic-affiliate programs (eg ucla Olive view) occupy a middle ground between academic and community and still provide pathways for fellowship.

Primary care tracks vs categorical vs others: most common tracks are PC, categorical (standard IM resident, the default), and research/academic tracks. Most PC programs are separate applications in ERAS, and they vary widely. You don't have to be certain you want to be an outpatient primary care provider to do PC as long as you're genuinely interested for most places (some require a stronger commitment than others). However, if you are pretty sure you DON'T want to do outpatient primary care, I don't think it's ethical to apply for one of these spots.

Mission/fit: think about what's important to you. For me, as a future hospitalist, I wanted a hospital with a good general medicine culture (lots of grads do general medicine, leadership is gen med, primary inpatient services are run by hospitalist and not specialists, residents doing gen med feel their path is valued and respected). Places I found that were exceptional with this: UW, UCSF, UCLA, BIDMC. I also wanted a place that cares about social justice/health equity and provides direct care to the underserved. A lot of that was sussed out in the interview, but you can see on residency websites where you'll train and if you do any time at a county/public hospital, or if it's only a couple weeks during intern year and then you never have to touch poor people again (cough stanford). Places that gave me a mission-driven, underserved, equity focused vibe: Uchicago, UCSF, UW, BU, NYU-Bellevue (kind of). Some people want to prioritize research opportunities, medical educator career development, etc. Figure out what's important to you!

Fellowship: if you are interested in fellowship generally, or in a specific field, there might be some considerations as to what programs will better set you up for success. For example, hard to match into Heme Onc if you go to a residency program at a hospital without a heme onc program and no internal options to rotate with that specialty. Also, residencies with a cancer center tend to be the best for heme/onc. If you're interested in something highly procedural like pulm crit or GI, do residents feel like they get opportunities to learn and practice procedures? If you're not sure you know what you want, does the residency provide you with elective time or will it be difficult to get that exposure?

Crafting a narrative: Think about what you want in a residency and why, and how you might appeal to places that value what you value. You won't necessarily appeal to everyone and that's okay. For example, I focused a lot on health equity and community engagement in my app, and I got interviews from places that tended to value that much more than hardcore research programs despite having done a lot of research. How you shape your narrative will affect what programs want you.

Getting letters: This was a very stressful part of the application for me. At least one clinical letter should come from an IM attending on your sub-I. I had a research letter from my many-years mentor, and then your IM advisor (Cindy, Binh An, Gupreet) will right your chair letter. What is often challenging for the IM applicant is where that second clinical letter is coming from - some people ask an IM attending from their core medicine clerkship in 3rd year, but I didn't have anyone who stood out from that experience that I felt would write me a strong letter over a year later. I thought about asking my outpatient family medicine preceptor, and in retrospect I think this would've been a great choice, but at the time I wanted to highlight my inpatient skills (as a person crafting their application around being a hospitalist) and I wanted a second IM doc, something which is still of unclear importance to me. I ended up getting my second letter from an ID consults sub-I in August. The tricky part was that for many of these specialty services, you will only be working with each attending for 5-7 days - not very long to get to know you. The attendings often know each other, however, and are willing to collaborate on writing a joint letter for you. This is what I got, and it worked out incredibly well. If you're in a position where your attendings are turning over quickly and you can't find one who knows you well, I strongly recommend saying, hey, I want to be an IM doc, you were great, I learned a lot from you and this rotation, I know we only worked together for 5 days though, do you feel you could strongly recommend me as part of a joint letter

of recommendation with your colleague from this rotation, who I hope to ask later today? In my experience, they were relieved to share the burden. Finally, please make sure to email your letter writers a summary of a few of the most meaningful cases you saw together, your contributions and what you learned. It's not just asking the right people - it's helping give your writers the tools they need to write detailed, specific examples to highlight your strengths. It's also okay to tell them how you're framing your application/see yourself, as that can give them context for how to frame you in their letter.

Waiting for interviews: This can be stressful because others may be getting interviews and you haven't heard anything yet, just because you applied to different places. Know that community programs tend to send interviews earlier (beginning of October), whereas academic programs tend to be later (last two weeks of October). I got almost all my interviews in a 7-day span ending on 10/23. Most first wave interviews have been offered by the end of October. I only received a single interview after 10/31, in December.

Signaling: Really matters! Choose these programs carefully. I received interviews at 6/7 signals, and many people felt their yield was much better here. However, I think it helps to choose programs that really do fit you, because it will make sense to them why you want to go there. Don't waste these as they are precious.

Couples matching: I couples matched EM-IM. Couples matching can be very stressful, but it only differs from regular match in a few key ways:

- 1) telling programs your couples matching: this can be done in ERAS, and in person during your interview. You don't have to tell programs, but the general advice is to do so because then they will work with your partners program to try and make it work if they want you. There are not really any downsides, I think. You can also mention it in the interview, which often came up organically in the "why do you want to come here" section. Finally, if one of you gets an interview and the other doesn't, you can both send emails to your respective programs saying, "hi, I am so honored and excited to have an interview, I love your program for these reasons, also I'm couples matching with name, amcas ID whose applying into X. They haven't heard from their program yet, also really excited, know this is a complicated process and there are many applicants, just wanted to let you know we were applying together and excited about you as you consider giving interviews". This is especially helpful if you can give some key information that will change their competitiveness: for example, I grew up in CT and got a Yale interview; my partner (a Californian from California who does California things) didn't. We let both programs know we were couples matching and most of my family is in CT and suddenly she also had an interview, I think because the program realized they actually had a shot at recruiting her. Don't send more than one email to a program like this though! You only get to do it once.
- 2) picking programs: the most important area of difference when couples matching. It is essential that you both carefully craft a list of programs and apply to an appropriate number. It is very difficult to get a good estimate of what an appropriate number is (I was told 20 for IM as a couples-match applicant and that is honestly insane. I should've applied to 30-40, because you want both partners to be able to carry the team in case one half has a less successful cycle for unclear reasons, and because interviews only matter if you get them in the same place! We really wanted to be on the West coast, which is harder because the programs are not as clustered together as they are on the east coast. It worked out just fine for us, but there was a period in October where I was really worried, so spare yourself the anxiety and give yourself a buffer). General advice for an IM couples-match applicant is to aim for 15 interviews in the same place as your partner. Your chances of getting interviews in the same place dramatically increase if you apply to areas with a high-density of programs (eg, Chicago, LA, Boston, NYC). This also really helps with your chances of ending up together because if you both have 3 NYC programs, suddenly that's 9 rank combinations.
- 3) Ranking. There is a semi-complicated way to rank as a couples match applicant, but the NRMP videos are great and you can figure it out later. The only thing you need to worry about before ERAS is do is to signal on your app that your couples matching and to **PICK A GOOD PROGRAM LIST**. After all that, just be honest with each other, know where you are (and are not) willing to compromise, and enjoy having a loved one to share in this process. I am very grateful I couples matched and wouldn't have wanted to do it any other way.

Prognosis: Really hard to get anyone to give you an estimate of how far you might fall down your ranklist. Sometimes people are unlucky and are apart from one another, unfortunately, but it **DOES** work out for most UCSF couples, and it seems you're likely to end up in your top 10 ranks as a couples match applicant if one of you is IM. A lot of people seem to get somewhere in 1-3! Have hope. Good planning with your program list/number will take the edge out of this.

Review residency program website and other materials the day before the interview and takes notes on what you like, don't like, questions you have, etc. Be yourself during the interview.

There is no specific research or extracurricular experience that you need to apply. You can have research in any type of field. What you DO need is strong Medicine Sub-I evaluations and a compelling story about why you are applying.

Speak to your career advisors and listen to the residents/fellows who are doing the specialty you're interested in

Choose your signals wisely! For competitive applicants especially, it seems that programs you do not signal will (rightfully) think that you are unlikely to rank them highly, and are much less likely to extend you an interview, even if they otherwise would. I got interviews at every place I signaled, but only one of the places I didn't signal. Also don't be afraid to include personal details in your geographic signals (e.g. stating that your partner is located there). Talking to former UCSF grads who are now residents at that program was by far the most helpful for decision-making; they can give you the best direct comparison of the program to your experience to date at UCSF. Take program impressions from faculty with a grain of salt; a program can change a lot in just a few years and reputations tend to lag behind the real experience.

I would consider reaching out to multiple career advisors within your specialty to get different opinions. There has been a lot of change to the application process in IM (signalling, virtual applications, Step 1 P/F) and somewhat limited data on how things are working out, so getting advice from advisors of different styles was very important for me. If you are only applying to academic IM programs, I would apply to a few more programs than you think you'd need - many of us were surprised by where we got (and didn't get) interviews from. I'd follow your gut instinct with ranking and weigh geography heavily. Practice interviews over and over again with loved ones and online resources - they make a big difference!

I would take advantage of all opportunities to practice interviewing-- I used resources provided by OCPD and also practiced several times with faculty mentors and found this incredibly helpful in preparing me for the actual interviews. While I may be an anomaly, I would recommend applying to more programs rather than fewer. I did not get as many interviews as expected despite several mentors and career advisors telling me that my application was strong (honored all sub-Is, strong evaluations, high Step 2 score etc.) and advising me to apply to a maximum of 20 programs.

I used OCPD three times and each step was helpful: to help group my CV by notable trait (e.g. research, community involvement, etc.), again to proofread for active/compelling wording on my CV (I had to specifically ask for this), and to do a practice interview. Talking with ex-UCSF residents was the most helpful resource in evaluating a potential residency because they had a more relevant background and tended to be more honest.

Try to be yourself during interviews, they generally feel very low-pressure and are more a tool to assess your personality/fit than a way to test if you can provide a "perfect" answer. It's easy to get lost in the details about program structure -- at the end of the day, try to trust your gut when making your rank list.

Speaking to students (ideally who graduated from UCSF SOM) outside of interview day for the real scoop is essential, especially for your top pick programs. I spoke one-on-one with current residents either before or after my interview day and found this to be the most high yield part of my decision making process. The interview days always show the best version of their program and I found that the information presented often did not help me distinguish between programs because it was generic. You are only going to get the reality of what it is like to be a resident in the program from a current resident in the program. It is also helpful to speak with someone from UCSF or at least someone with the same career interests because they will have a similar reference point and/or

priorities as you. I would have some discretion about advice from random residents because someone with a different background and goals is likely going to have a different take on things. It is worth your time to find the people in the program who have a shared perspective with you and talk to them offline.

talk to peers, don't always trust what the advisors say since their advice is often inconsistent

Have a back-up plan.

Apply broadly, you can always cancel interviews from programs you change your mind about later.

Show up to socials etc on interview day as well as after.

Would definitely recommend meeting with the specialty advisors early on for advising to help develop a longitudinal relationship.

Apply broadly to both academic and community programs! Some of my favorite programs on the interview trail were community-based. Also, if you are at all interested in leaving California, make your connections to other regions of the country very explicit in your application, especially if you have friends/family in the region.

Try to focus on 10-12 major experiences in medical school. This is all programs will actually see from your CV, and you want those to be projects you really contributed to and had a meaningful experience to discuss in interviews. Make sure the experiences tell some story of your journey to that specialty.

Talk to specialty advisors (both confidential and non-con)! Talk with family/friends and really consider where you will be happiest and have the support system you need. Talk to faculty in similar specialties to see what they would advise.

Make connections/contacts at target institutions to advocate for you

Don't be afraid to ask mentors to advocate on your behalf. Interview invites often did not make sense. Location matters a lot. I felt like many programs assume that students from UCSF may not want to move to less desirable parts of the country. I'm from CA and most of my interviews were from CA even though I applied nationally.

Don't go to Zoom school during a plague. Make friends and influence people. Take the palliative care rotation. It'll reconnect you with the ultimate reasons why we do IM in the first place.

Talk to several people from the same specialty to get different perspectives

- If you haven't gotten an interview invitation from a program you are interested in, it can be helpful to email the PD/PC of the program expressing your interest! (This may only be useful for programs that you have already signaled on ERAS).

I wish there had been more guidance surrounding schedule planning for 4th year. I applied into internal medicine and was glad that I did several electives in addition to my medicine sub I before ERAS so that I had more experience to discuss. I would recommend scheduling a few electives that are related to medicine (e.g., endocrine 2 week was very helpful and offered great anecdotes for interviews). Don't be surprised if the career advisors don't give you a clear understanding of your likelihood of matching at a certain program because they don't want to over promise. In the end you should put together a program list that is based on your values/preferences and spans a range of competitiveness. I would also have many people read your personal statement and try to have a working draft done by July because many people writing letters of rec will want to read it.

For people who are interested in matching in competitive IM academic residency programs, there are some factors that I believe these programs are looking for. I think it is important to receive Honors on both your IM AI and sub-specialty Sub-I. I also think it's important to have a high Step 2 score for competitive, academic IM residency programs (can use TexasStar as a resource to see the average Step 2 scores for applicants who matched at specific programs in recent years). Also, glowing clinical letters of recommendation that speak to your strength of clinical skills and your teamwork/communication skills are important; residency programs want kind, thoughtful people.. the kind of people they'd want to work with at 2am! In terms of activities, I think residency programs like to see students who take initiative with projects (ie: leading a medical education project, or being first-author on a paper). In addition, I think having teaching experience/med ed experiences always looks great.. academic residency programs want residents who will teach their co-residents and the younger med students! ??????Also, in ~July/August, once you have your Step 2 score and sub-I grades, you can ask your IM advisor what your competitiveness is for specific programs (ie: MGH). They usually cannot give you a good answer until they have your subI grades and step 2 scores.