

Post Match Reporting

2017/2018 Match Cohort* Data

Specialty: Family Medicine
N= 34 (11.0% match cohort)

Item	N	% of specialty cohort	Mean	Standard Deviation
Graduation year				
2017	23	67.6%		
2018	11	32.4%		
Three digit Step 1 score			225.6	19.5
MSPE Adjective:				
Outstanding	8	23.5%		
Superior	7	20.6%		
Excellent	18	52.9%		
Very Good	1	2.9%		
Good	0	0.0%		
AOA elected	3	8.8 %		
Applied to preliminary or transitional programs:	0	0.0%		
Other specialties applied to:				
Anesthesiology				
Internal Medicine				
Emergency Medicine				
Obstetrics and Gynecology				
Number of categorical programs applied to			30.7	14.8
Honors Received:				
Anesthesia	11	32.4%		
FCM	16	47.1%		
Internal Medicine	7	20.6%		
Neurology	11	32.4%		
Obstetrics/Gynecology	13	38.2%		
Pediatrics	13	38.2%		
Psychiatry	11	32.4%		
Surgery	8	23.5%		

*Match Cohort includes applicants who matched into this specialty via the regular match process.

Post Match Reporting

2017/2018 Survey Respondent Cohort Data

Specialty: Family Medicine
N= 25 (10.6% survey respondents)

Item	N	% of specialty cohort	Mean	Standard Deviation	Min	Max
How many programs invited you to interview?			15.2	4.3	3	26
How many interviews did you accept?			11.6	3.9	3	25
Did you review your application with a career advisor before applying?	24	96.0%				
Before ranking programs, did you review your rank list with a career advisor?	22	88.0%				
Total Spent on Interviews						
\$0-\$500	3	12.0%				
\$501-\$1000	7	28.0%				
\$1001-\$2000	10	40.0%				
\$2001-\$3000	5	20.0%				
\$3001-\$4000	0	0.0%				
>\$4000	0	0.0%				
Did you complete a Pathway project?	4	16.0%				
Did you complete a research project in the field you matched?	14	56.0%				
Did you have a publication during medical school?	12	48.0%				

The field project was in:

Community organizing, health policy

family and community medicine

Family Medicine

Family Medicine

Family medicine and Palliative care

Fathers and children

Health coaching

Homelessness

Opiate Prescription Patterns

Opioid treatment

Orthopedics

Reproductive Health

Reproductive Health

Transgender health and reproduction

Describe any publications:

Abstracts and poster presentations

Both related to JMP's MS thesis - Conscientious Objection to Abortion Provision: Why Context Matters – Developing a Survey and Conceptual Model to Assess Conscientious Objection to Abortion Provision

Characterizing pulmonary perfusion from MRI ASL images

Oxygen Toxicity exposure during astronaut training at the NASA Buoyancy Laboratory

Community organizing and health policy

From previous work before led school

Haefeli J, Ferguson AR, Bingham D, Orr A, Won SJ, Lam TI, Shi J, Hawley S, Liu J, Swanson RA, Massa SM. A data-driven approach for evaluating multi-modal therapy in traumatic brain injury. Sic Rep. 2017 Feb 16; 7: 42474. Pub Med PMID: 28205533.

Non-opioid drug use in SF HIV infected homeless population

paper in which I am first author, for original research.

Provider-patient communication around contraceptive options

Public health research in academic journal

Research relating to inhibition of a transcription factor as potential therapy to prevent metastasis.

Results from various HIV reservoir studies through UCSF's Positive Health Program at SFGH

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

Margo Vener (21)

Beth Wilson (2)

Lee Jones (2)

What were your most useful career resources?

AAFP Kansas City Conference

AAFP website

Curriculum Vitae workshops, Margo

Dean Jones for couple matching

Going to the National Conference (especially if applying outside bay area)

Handouts from Margo; residency webpages; AMA FREIDA residency website; current residents; other friends/applicants also interviewing at the same residencies. Useful to compare notes.

I dual applied in family medicine and internal medicine. Between both specialties Margo was the best advisor. She would regularly email us with useful updates about what we should be thinking about and what we should have done by that point in time. She w

Just her

Margo Vener

mentor-Beth Wilson

panels with students in the year ahead, at various points in the process.

Panels with students who just went through the match, panels with family medicine residents, AAFP's packet on how to apply

She sent out emails leading up to the match which laid out exactly what we should be doing (reviewing lists, sending thank you emails, etc.) She is amazing!

The Career Resource Center's presentation on CVs was really helpful and made think about how to better organize my CV to reflect my interests.

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

Apply to/interview at fewer programs

Ask all questions even the dumb ones to my advisor. Double check all interview dates to confirm that the date and the day of the week matches

Attend the National conference for AAFP programs in July

Called programs and asked if they had specific things if not listed on their website, rather than going to the interview and then finding out certain types of training weren't available (e.g. abortion training)
cancel interview that I wasn't going to go to earlier. As soon as you think you might not go, cancel the interview.

You likely won't change your mind and gives another potential interviewee as much time as possible to attend in your place.

Consider different paths to the same goal

Do away rotations where you want to interview. Go on fewer interviews

Feel more confident turning down programs I wasn't actually interested in but thought of as back-ups. I interviewed at too many places and got burned out by the end.

Fewer interviews- interviews start in October - so it can be helpful to take time off in october-november, but you can also be excused from rotations for interviews so you don't have to take weeks and weeks off. Don't do too many interviews in 1 week (I did 6 in 8 days and it was brutal- I didn't have enough processing time and they sort of blurred together)

Fewer interviews maybe, since it was exhausting and potentially low yield, but then again I believe it was important to feel secure in interviewing at a good number of places.

I found myself with an unrealistic understanding of programs' interest in me - I clearly overestimated my value to programs. I received many accolades during interviews - "your background and application are truly impressive and we realize the you will get your top choice..." I also received several unsolicited post interview emails and phone calls from program representatives to let me know how impressed they were with my credentials and interview and to let me know what an asset I would be to their program and how they hoped I would rank them. Despite this, in the end I did not match at most of those same programs - meaning they did not rank me among their top group. So beware the hard sell. Just because 2 of your 3 interviewers seem absolutely dedicated to your cause, don't assume this translates to a high ranking. Looking back I should have been more direct about asking my advocates and solicitors to be explicit about where their program intended to rank me. As well, while I reached out to my top 5 programs to let them know I would rank them highly, I could have been more specific and about why I intended to rank them highly. I only sent emails for this purpose. I might also be more assertive (and even aggressive) and call to speak directly with the program director to express my interest

I wish I'd budgeted better for travel costs. Also, I wasn't always able to group interviews together geographically, but I wish I'd reached out to residency programs about interview dates. For example, a program might have only offered me two dates in January, but if I'd emailed and said "I'm in _____ on these dates, is there any chance I could interview then?," they might have made an exception for me. Lastly, I didn't realize how early family medicine interviews would be and wish I'd known that when planning my 4th year schedule.

In retrospect I probably would have gone to less interviews.

less interviews

Plan electives differently knowing interview season is much longer than expected

Remember that interviews are tiring, so don't do more than 3 in a week. Also, you don't need to interview at more than 10 places - 10 is more than enough. And you don't need to apply to too many more places than that since you'll get interviews at most places.

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

Attend FM match panel

Consider different paths to the same goal

Do NOT expect you will get your top choice just because you come from UCSF. That rumor is true for many and gets passed down every year but it wasn't the case for me and I think I latched onto that early in the season.

Go into every interview ready to believe it could be your top choice, no matter what you think about it relative to other programs.

Each individual has different goals so it's hard to advise on this. I would say the best thing I could possibly advise is talk to Margo and don't apply to any geographic locations you'd be unhappy to live in.

Family Medicine is not an intimidating field. First step is always to take a deep breath and remember that. Second, really consider where you would want to live first and apply accordingly--programs are so very difficult to really gauge until you go in person for the interview. It is better to apply to too many programs than not enough. Third, remember that everything, and I literally mean everything, works out in the end. There will be many situations (i.e. traps) to make one feel that they are not doing enough, that they themselves are not enough but the truth of the matter is that every person has their own journey--comparison is detrimental and useless. If one person advises you to only apply to community programs, that's good for them. If one person advises you to always go to the interview dinner, that's good for them. It does not mean that those things are good for you. Do what makes sense for you in the moment and try your best not to feel guilty about it.

Family medicine programs, in particular, can vary so widely in their training. It's helpful to keep an open mind, but also be realistic about what skills you want to gain during residency in relation to where you see yourself in the future because it's only 3 years, and you will definitely keep continuing learning after that.

I applied in Family and OB, because I had not yet decided on my preference. I ended up submitting a mixed rank list, with mostly family programs, based upon my preference for specific programs.

I would recommend planning to do a second look at your top 2 or 3 choices. Second looks were what ended up deciding the order of my top 3, and I didn't realize until later in the season how helpful they would be.

Interviews definitely started in October for FCM. Programs can be very different so be open to interviewing at a lot of places and getting a feel for the programs when you visit! Also, I really liked many programs and agonized over which to choose, but I think that is a good problem to have in terms of knowing you'll be happy even farther down your list if that happens. Definitely talk to Margo who is an incredible mentor and advisor.

Keep one page on a journal that lists the whole year and mark down the interview dates in erasable ink; on another page write a list of schools interviewing at and if hotel/ticket/transport arranged. Change the email you receive interview offers to either SMS your phone or change it so that account has a unique alert (interview spots do disappear fast). On the interview trail, create a relaxing bedtime routine for the day before the interview (good book, hot chocolate, soothing music). If couples matching, Dean Jones is a wonderful resource. He can give realistic expectation and advise on how to rank.

make sure you go to all the socials or as many as you can. Often you can get a better feel of the residency spirit at the social than at the interview itself. don't be afraid to ask blunt questions in a polite way, you're interviewing the program as much as they are interviewing you. keep a spreadsheet of key questions/interests you will ask or get a sense of from each residency. Then make notes after every interview day. have fun with process, especially towards the end of the interview trail when the process can feel very draining. Who knows, you might love your very last program!!

Margo Vener is an invaluable resource. If you're going into Family Medicine you need to talk to Margo.

Reach out to other UCSF students who matched in that specialty

Talk to Margo

There are 2 varieties of family medicine programs... academic institution based (largely opposed) and community based (often unopposed). The two varieties offer quite different experiences. I didn't realize the existence of the community based variety until mid way through 4th year. Had I known earlier on, I definitely would have arranged to experience both types. So, my advice is to explore the differences/strengths/weakness of each type as early on as possible. Also, highlight your dedication and interest in promoting social justice and health equity. While we (as UCSF students and faculty) are all aware that everyone in family medicine from UCSF is almost by definition an advocate of social causes in medicine, not everyone else has a similar awareness of our strength in the domain. Finally, I found the AAFP conference to be an invaluable asset in helping me understand the family medicine residency universe. If you have an opportunity to attend, do it.

When it comes to family medicine, I think that you should consider additional schools on the east coast despite being told that family medicine is better on the west coast. I think that Boston Medical Center and Montefiore had great family medicine programs, but I did not end up applying to them. For internal medicine I would reach out to mentors outside of UCSF if you are interested in a non-academic career or a non-academic residency program.