Post Match Reporting

2016/2017 Match Cohort* Data

Specialty: Internal Medicine
N= 56 (17.1% match cohort)

<table>
<thead>
<tr>
<th>Item</th>
<th>N</th>
<th>% of specialty cohort</th>
<th>Mean</th>
<th>Standard Deviation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Graduation year</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2016</td>
<td>33</td>
<td>58.9%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2017</td>
<td>23</td>
<td>41.1%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Three digit Step 1 score</td>
<td></td>
<td>242.1</td>
<td>16.0</td>
<td></td>
</tr>
<tr>
<td>MSPE Adjective:</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Outstanding</td>
<td>20</td>
<td>35.7%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Superior</td>
<td>8</td>
<td>14.3%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Excellent</td>
<td>28</td>
<td>50.0%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Very Good</td>
<td>0</td>
<td>0.0%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Good</td>
<td>0</td>
<td>0.0%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>AOA elected</td>
<td>9</td>
<td>16.1%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Applied to preliminary or transitional</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>programs:</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other specialties applied to:</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Family Medicine</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Emergency Medicine</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Psychiatry</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Number of categorical programs applied to</td>
<td></td>
<td>30.3</td>
<td>16.2</td>
<td></td>
</tr>
<tr>
<td>Honors Received:</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Anesthesia</td>
<td>19</td>
<td>33.9%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>FCM</td>
<td>20</td>
<td>35.7%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Internal Medicine</td>
<td>26</td>
<td>46.4%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Neurology</td>
<td>23</td>
<td>41.1%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Obstetrics/Gynecology</td>
<td>17</td>
<td>30.4%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Pediatrics</td>
<td>19</td>
<td>33.9%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Psychiatry</td>
<td>24</td>
<td>42.9%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Surgery</td>
<td>19</td>
<td>33.9%</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

### 2016/2017 Survey Respondent Cohort Data

#### Specialty: Internal Medicine

**N= 36 (14.7% 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>11.3</td>
<td>3.6</td>
<td>4</td>
<td>20</td>
</tr>
<tr>
<td>How many programs invited you to interview?</td>
<td></td>
<td></td>
<td>13.7</td>
<td>4.1</td>
<td>7</td>
<td>24</td>
</tr>
<tr>
<td>How many interviews did you accept?</td>
<td></td>
<td></td>
<td>11.4</td>
<td>3.5</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>2.0</td>
<td>1.7</td>
<td>1</td>
<td>7</td>
</tr>
<tr>
<td>Did you review your application with a career advisor before applying?</td>
<td>34</td>
<td></td>
<td>94.4%</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Before ranking programs, did you review your rank list with a career advisor?</td>
<td>19</td>
<td></td>
<td>52.8%</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total Spent on Interviews</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>$0-$500</td>
<td>0</td>
<td></td>
<td>0.0%</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>$501-$1000</td>
<td>11</td>
<td></td>
<td>30.6%</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>$1001-$2000</td>
<td>9</td>
<td></td>
<td>25.0%</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>$2001-$3000</td>
<td>11</td>
<td></td>
<td>30.6%</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>$3001-$4000</td>
<td>4</td>
<td></td>
<td>11.1%</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>$4001-$5000</td>
<td>0</td>
<td></td>
<td>0.0%</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Did you complete a Pathway project?</td>
<td>15</td>
<td></td>
<td>41.7%</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Did you complete a research project in the field you matched?</td>
<td>25</td>
<td></td>
<td>69.4%</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Did you have a publication during medical school?</td>
<td>24</td>
<td></td>
<td>66.7%</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
The field project was in:
Cardiac tissue engineering
Cardiology
Cardiology
Cardiology
Cardiology, electrophysiology
Cardiology, internal medicine
Critical care medicine
Healthcare value
Immunology
infectious disease, global health
Infectious diseases
Internal Medicine
Internal medicine (nephrology)
Internal medicine- patient provider communication
Medical Education
Medical education
Medical Education; Oncology
mHealth and Public Health
Nephrology
Oncology, Cardiology
Oncology/basic science
QI for Palliative Care and Hospitalist Medicine
Quality Improvement

Describe any publications:
1 minor author paper from research in undergrad, 2 abstracts (first author in both) presented as posters at conferences.

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

2 academic first author publications / 5 lay press articles

2 in cardiology, both were original clinical research papers.

2 second author papers: 1) OHNS retrospective chart review with RAPtr, 2) Prospective look at educational outcomes in an ultrasound elective I helped start.1 middle author paper: Also related to OHNS.

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.

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.

5 first-author: 2 JAMA Viewpoints, 1 JAMA editorial, 1 JAMA IM paper2 mid-author papers in JAMA IM

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

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

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

One first author basic science article in a decent journal. One middle author basic science article in a decent journal.

paper was on pilot ultrasound education program for pre-clinical medical students

Perspective piece in anesthesia, policy piece in pediatrics

PosterOne paper

psych, addiction research

Publication from research project conducted in nephrology lab I worked in prior to starting medical school.

Publication of basic science work completed before medical school.

Teaching article in JAMA Internal Medicine - Challenges in Clinical Electrocardiography

Two papers on phase 3 clinical trial data for a new vaccine in development (written while working for a biotech firm) one clinical image published online (had not yet been accepted when I applied to residency)

Who was your most effective career advisor in field matched? (number of multiple mentions)
Binh An Phan
Calvin Chou (2)
Cindy Lai (12)
Gurpreet Dhaliwal (12)
Margaret Wheeler (6)
Sumant Ranji

What were your most useful career resources?

Cindy Lai was very helpful. SDN was also helpful if you wade through the egos and posturing on that site.

Doximity

Doximity, upperclassmen, residents at programs you are interested in

Doximity Interns/Residents in your specialty

Dr. Dhaliwal was an amazing resource, and I am very grateful to have had him as an advisor. Other resources I found helpful were my advisory college mentor, Dr. Harper, who had gotten to know me over the course of medical school, and speaking with former

Family members

Goop was super helpful! He gave me practical advice about which programs to apply to and how to order my rank list (what to prioritize etc.). He was always responsive to my countless emails as well. I also reached out to attendings during rotations and th

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.

Info sessions with matched 4th years

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.

Mentors! Calvin Chou, Michael Harper, Jeff Kohlwes, Gurpreet 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.

Not really, just meeting with my career advisor.
Online resources like SDN, Doximity

Other classmates

called post match reports from previous years and talking with previous UCSF students and current residents at the programs I was applying to

Post-match survey; mock interview & CV review with Career Services

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.

Students (now interns) from prior years who had applied in my specialty and matched at the program I wanted to match at.

- 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

Talking with others, contacting programs, meeting with career advisor.

Talking with students who have matched in previous years.

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

UCSF Post Match Surveys, NRMP Program Director Survey, and previous UCSF match lists.

UCSF Post-match surveysOlder students who just matchedFaculty mentorsResidents in the specialty I applied into

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

- Don't be shy about sending interest emails to programs early and often; you'd be surprised the difference this can make.

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

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

contact programs that I was strongly interested in earlier in the process. It really can make a difference as many programs may screen you out based on location or previous track record/historical data of UCSF students not matching at their program

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.
Do not apply to primary care programs for internal medicine unless you are 100% set on primary care. It's billed as something you can apply to if you're considering it in any capacity, but they really want you to be set, and it really messed up a lot of my opportunities/ranking.

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 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.

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

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

Focus more on Step 1 and third year grades (especially in internal medicine).

I don't think I would do anything differently - there is great advising available, and I followed the advice I received.

I had no sense of how competitive I was and did not feel like I met with the right people to help guide me. I was really nervous and definitely over-applied. I would have applied to far fewer programs (15 instead of 25) and interviewed at 8 programs instead of 10.

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.

I would have informed Dr. Lai what my top choices were sooner - she offered to contact programs on my behalf, but that was later in the game. I can't remember if I ever told her that UCSF was my number 1 choice, and I regret that, as she has connections at UCSF.

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 would have obtained a credit card with better travel points sooner.
I would have responded to some of the post-interview communications I received from institutions relaying my interest in their program.

I would have scheduled some of the interviews that I was most excited about earlier, so that I would not have been so burnt out by the time I interviewed at those program (I had done 4-5 other interviews before the interviewing at the programs I was most interested in). I also would have gone on fewer interviews to save time and money. Interviewing is really fun and exciting, but definitely exhausting. I was glad that I made mini-vacations out of some of the away interviews when I could.

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.

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

I would not try to do research while interviewing, it was way too hectic.

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 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 at fewer places

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

Not worry too much! It all works out. For me, the most stressful part was actually making the rank list, which I agonized about for several months. Not sure how to avoid that.

Since I couples matched, I wish we had applied to more programs in the same area. I wish I had talked to more fourth years who had just matched at the end of my third year.

Take less interviews, not take interviews at places I was not interested in living at, better bundle my interviews so less travel, be better organized so I didn't drop interviews at the last minute --- these things are all easier said then done though. Because interviews come in one at a time, it can be hard to know how many interviews you'll get and so you sign up to take interviews early, and by the time you get other interviews and want to drop, it's really late to drop the interview.
Use more online resources, apply to more programs, lower expectations

Work on getting publications out earlier

Would not apply to primary care tracks in internal medicine unless you're 100% set on it.

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

- 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

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. / /

Certain administrators, advisors, deans, etc. can underemphasize things such as success in clinical rotations, Step 1 scores, etc. And this come from a caring place, they know we are stressed and overworked and they don't want to over-burden us. They are also not completely wrong, almost everyone from UCSF applying into IM will match, and the majority match at objectively good programs. However, if you want to be in control of your future (the city you and your family will live in, the quality of the program you attend, the fellowship programs you'll have access to, etc.) then these things do matter, and they matter a lot. In IM, clinical scores in rotations are the primary things that programs will look at to differentiate students. Board scores matter, but less so. So if there's anything you should prioritize, it should be getting good clinical grades, especially in 3rd year IM rotation and IM Sub-I.

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.

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.

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.

Good luck!

I decided to double apply and talking with a confidential advisor was super helpful because I could be completely honest about my career goals and where I stand in applications.

I got the sense that by the time it came to interviews the decision had mostly been made. The interview itself was mostly a chance for the residency to sell you on their program, not to really judge you - unless, I'm sure, you're very different from what you seem like on paper. So, I think being successful in the match is mostly about having good grades (especially in the 3rd year medicine clerkship and 4th year medicine sub-I), and having some extra curricular(s) to talk about. The UCSF advisors are great about giving realistic advice about your chances for various tiers of program - it's really important to talk with them early! After you've worked hard and hopefully done well clinically, the interview process is not very stressful and is a fun chance to see how different programs have different cultures and focus on different things. Enjoy!

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.

I was glad that I only decided to interview at 7 places to keep costs low. In the end, my final rank list was almost identical to the list I had before I started interviewing because the factors that really mattered to me (geography, exposure to different populations, and reputation) could all be found online. Interviews were more fun than I had anticipated (I think this is especially true in IM), but they all blended together and all the programs sound amazing on interview day. The one thing that influenced me during interview day was my interaction with residents.

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! / /

It might be helpful to have some discussion about how to handle post-interview communication from institutions. Should you respond or not respond? I'm not sure there is one right answer for every situation. I decided not to after hearing from several program directors during interview days that no post-interview communication was the proper behavior. But I received favorable post-interview communication from one of the programs I ranked highly and then did not match there, which felt confusing to me as an applicant and made me wonder if I should have relayed my interest.

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.

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.

Step 1 is very important. The match turned out about how I expected it to, but I think adding 10 points to my step 1 score (mid 220's --> at least mid 230's) would have opened some doors in the top tier of programs that some people seem to assume every UCSF student interviews at (Stanford, UCSF, Univ Washington on the west coast). Interviews were all much more laid back than I had anticipated. It definitely seems like most programs in internal medicine are just looking to gauge your personality more than anything else.

The number of interviews received will be very limited if you did not honor 3rd year medicine clerkship (even if you honor your SubI or have decent/good STEP scores). Don't depend on UCSF name to make up for that.

There are many examples of students not getting interviews at certain programs who go on to get interviews and match there by personally contacting the programs to express interest or having a mentor/some other connection contact the program for them. It really does matter to programs whether or not they think you are truly interested in them so if you are, don't be afraid to express this early. It really is a human process and programs want to interview and match people who are excited about their program.

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.

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.

Try to schedule your interviews earlier rather than later. Try to avoid doing interviews in January if you can help it. You'll be so tired by December and especially after the holidays. Unfortunately grades do matter in this process. I was not offered some interviews simply because I did not honor in a particular rotation. I wish that the UCSF faculty stressed this fact earlier in the process, just so that we were aware. Don't be afraid to advocate for yourself if you want to interview in a particular place. Send the PD an email or ask UCSF career advisor to reach out for you. It may or may not work, but doesn't hurt to try. Also try to reach out to UCSF alumni at the programs you're interested in so you can learn how that program compares to here, what they like, what they don't, etc. I also tried to reach out to residents that matched to a program I was interested in but also went to a medical school whose program I was also interested in. They were able to give me the perspective of why they choose to stay/not stay and how the two programs/cultures were different. IM residency interviews are much chiller than others, but do prep some responses for "describe a difficult scenario", "what was a difficult patient experience", "when did you make a mistake/witness someone else making a mistake. what did you do?", "your weaknesses/strengths", "why this program", "why should we take you". Also sign up for an airlines credit card when you register for step 2 so that you can use your miles towards flights. I did that and I only spent about 2k total on residency apps (this is including the ERAS application ~$700 itself). Reach out to friends about crashing with them for a night, even if you haven't talked them for a while - have no shame!