

Medical Student Residency Application Advising – Shared Best Practices

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Disclosures

Dr. Schneider serves voluntarily on the AAMC Careers in Medicine Advisory Committee

Objectives

- Be able to find national normative data on competitiveness for students applying to family medicine in the match. Use this data to define a learner as, At, Above or Below the national average.
- Categorize students based on national, local and individual data into groups of High, Medium and Low Risk for an unsuccessful Match and have strategies for how to discuss this with them
- Describe strategies for mitigating risk and helping students at all risk levels decide how many programs to apply to including strategizing different levels of programs of which to apply



Panelists

- **Ben Schneider**
Assistant Professor & Assistant Dean of Student Affairs, Oregon Health & Science University (OHSU)
- **Jeanne Cawse-Lucas**
Assistant Professor, Family Medicine Career Advisor and Co-FMIG Director, University of Washington School of Medicine (UWSOM)
- **Rebecca Cantone**
Assistant Professor & Director Family Medicine Core Clinical Experience, OHSU
- **Karly Pippitt**
Associate Professor & Assistant Dean, University of Utah
- **Tomoko Sairenji**
Assistant Professor, Family Medicine Career Advisor and Co-FMIG Director UWSOM
- **Heather Finn**
Assistant Professor & Specialty Advisor, SUNY Upstate Medical University



Student 1

Student requests to meet with you at the end of their 3rd year wanting your advice.

They report to be in the middle of their class by grades, got a 221 on Step 1 and plan to take step 2 early.

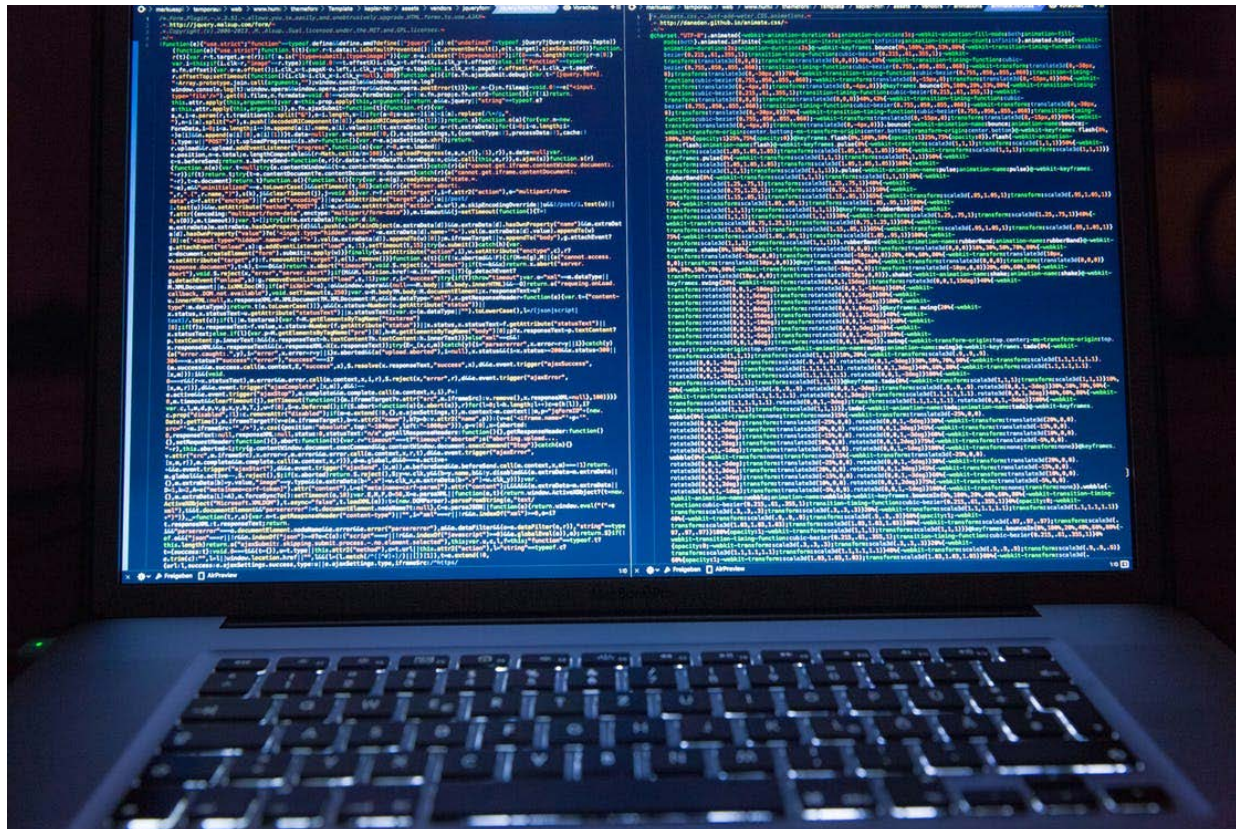
They don't know if they want an academic medical center or community based program but have no geographical ties to any one area.

They want your help with how many programs to apply to and which ones they should be looking at.

- What do you tell them?
- Is this student at risk for not matching?

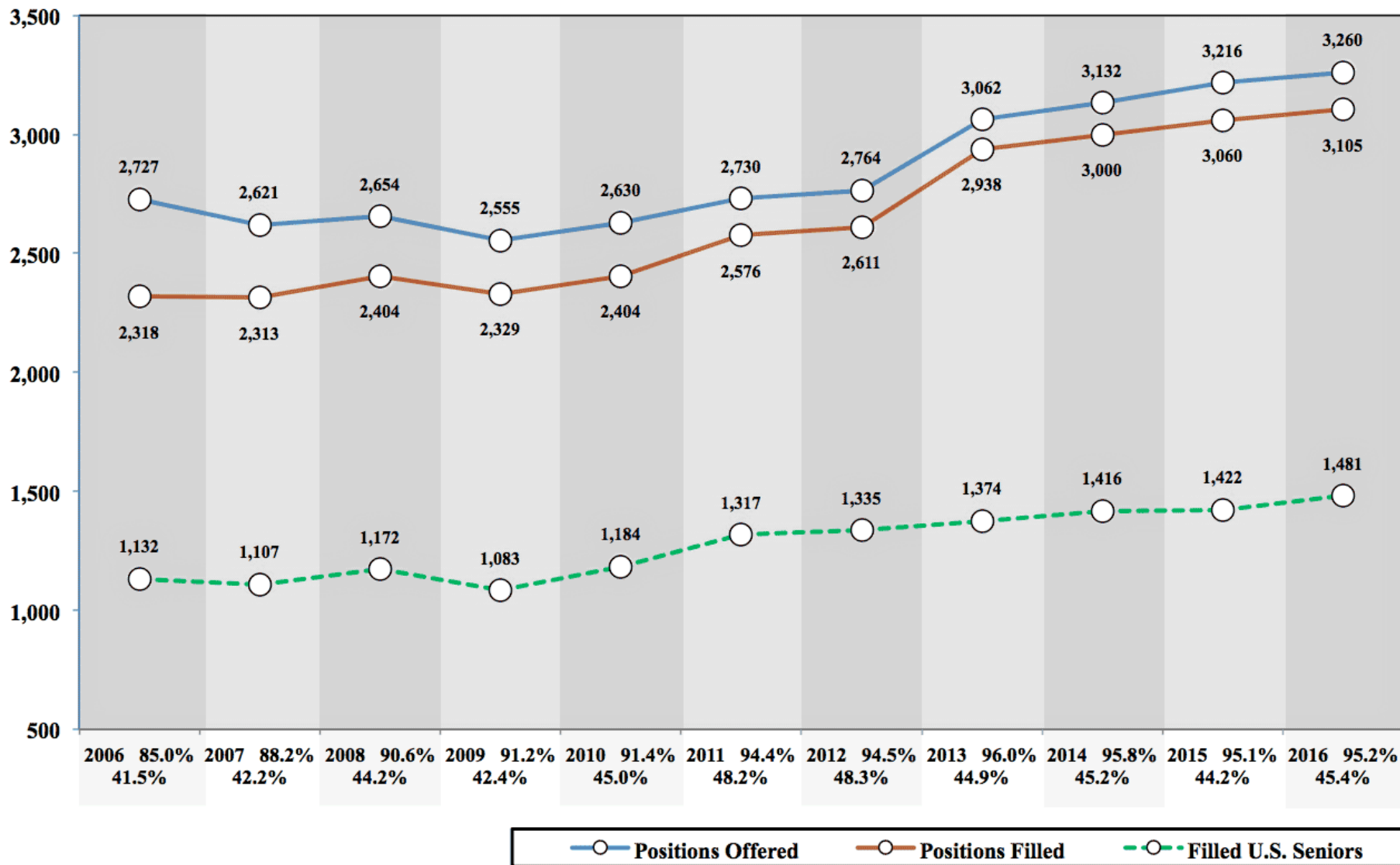


Starting with data



Family Medicine Positions Offered and Filled in March 2006-2016

Position

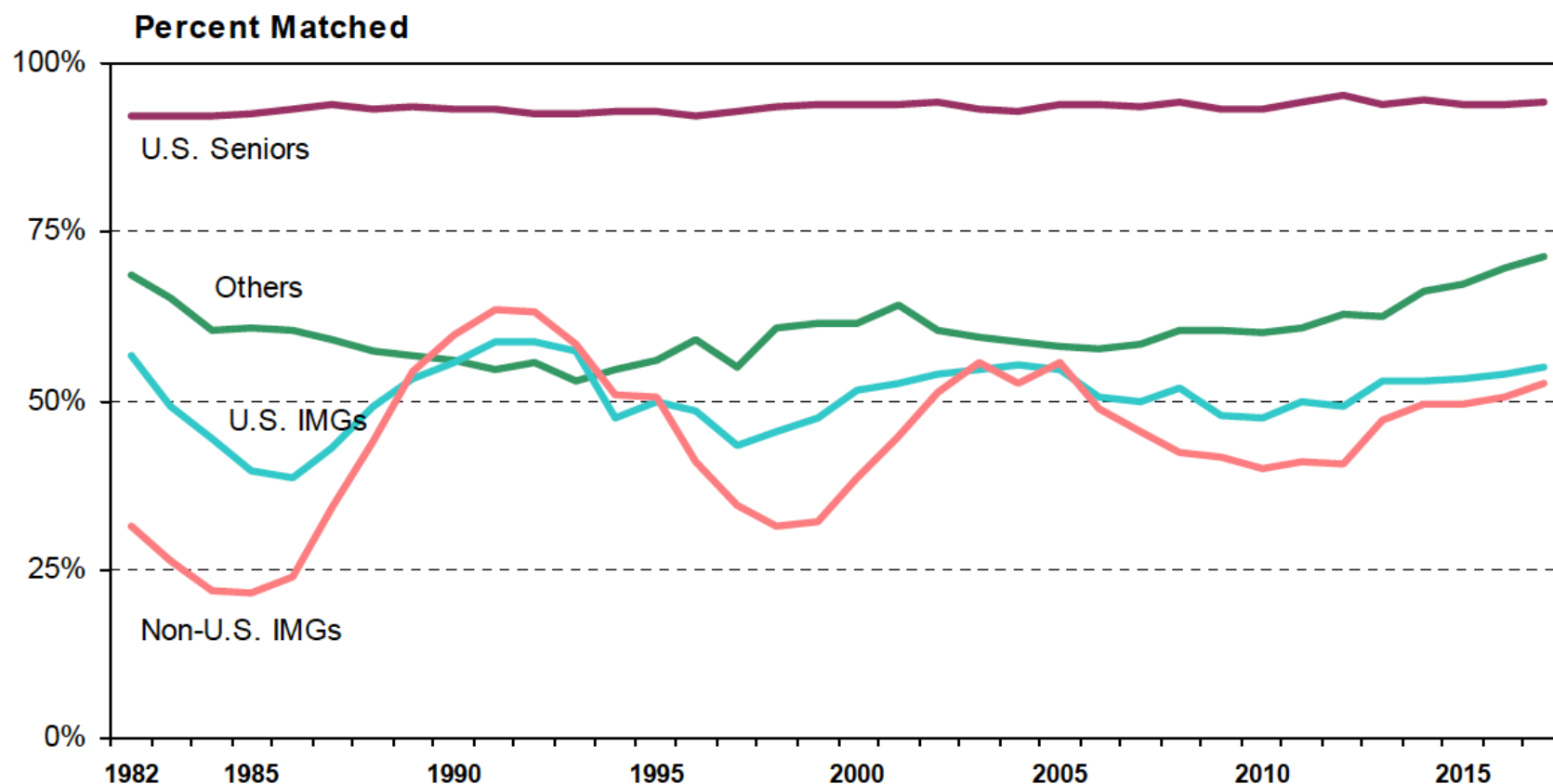


Source: National Resident Matching Program®
Advance Data Tables 2016

Overall Likelihood of Matching (NRMP)

8

Figure 4 PGY-1 Match Rates by Applicant Type, 1982 - 2017



NRMP 2017 Rank Data

Figure 7

Percent of Matches by Choice and Type of Applicant, 2017

Matched Applicants

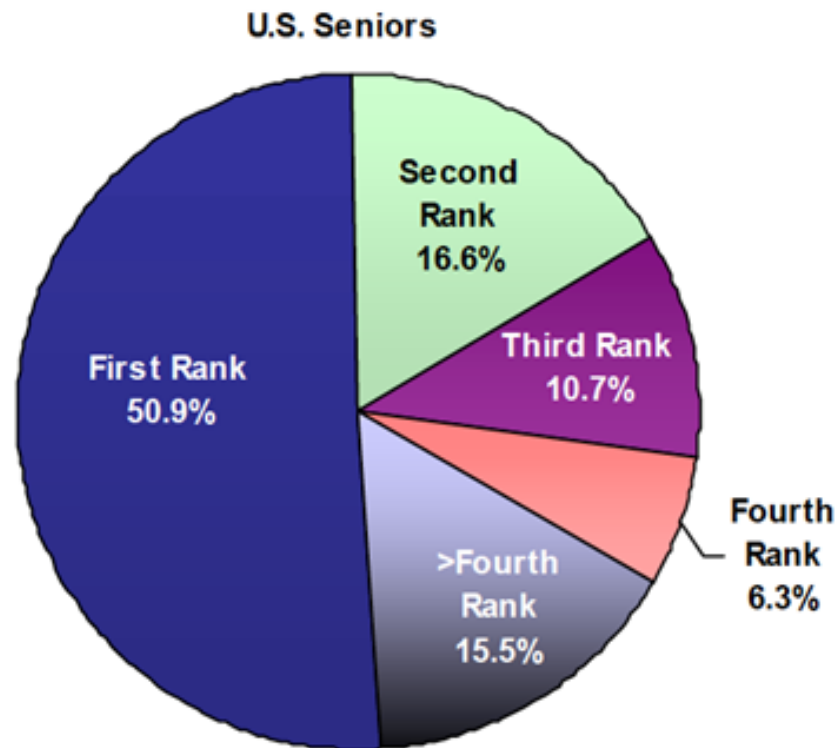




Table FM-1 **Summary Statistics on U.S. Allopathic Seniors**
Family Medicine

Measure	Matched (n=1,254)	Unmatched (n=59)
1. Mean number of contiguous ranks	10.7	4.5
2. Mean number of distinct specialties ranked	1.1	1.3
3. Mean USMLE Step 1 score	221	208
4. Mean USMLE Step 2 score	237	223
5. Mean number of research experiences	2.0	1.7
6. Mean number of abstracts, presentations, and publications	2.6	2.6
7. Mean number of work experiences	4.2	3.3
8. Mean number of volunteer experiences	7.4	5.8
9. Percentage who are AOA members	6.1	0.0
10. Percentage who graduated from one of the 40 U.S. medical schools with the highest NIH funding	30.3	18.6
11. Percentage who have Ph.D. degree	1.0	4.0
12. Percentage who have another graduate degree	18.9	25.5

Rising!!

Note: Only U.S. allopathic seniors who gave consent to use their information in research are included.

Sources. NRMP Data Warehouse; Top 40 U.S. medical schools with the highest NIH funding in measure 10 is from the NIH website (<http://report.nih.gov/award/index.cfm>).

Family Medicine DO Applicant Data, 2016

Table FM-1 Summary Statistics on U.S. Osteopathic Medical Students/Graduates
Family Medicine

Measure	Matched (n=307)	Unmatched (n=40)
1. Mean number of contiguous ranks	8.5	4.2
2. Mean number of distinct specialties ranked	1.1	1.2
3. Mean COMLEX-USA Level 1 score	525	483
4. Mean COMLEX-USA Level 2-CE score	539	473
5. Mean number of research experiences	1.5	1.8
6. Mean number of abstracts, presentations, and publications	2.2	2.5
7. Mean number of work experiences	3.4	3.4
8. Mean number of volunteer experiences	7.6	9.0
9. Percentage who have a Ph.D. degree	0.4	0.0
10. Percentage who have another graduate degree	24.8	40.6

Sources: NRMP Data Warehouse; COMLEX-USA scores provided by NBOME.

Note: Only osteopathic medical students/graduates who gave consent to use their information in research are included.

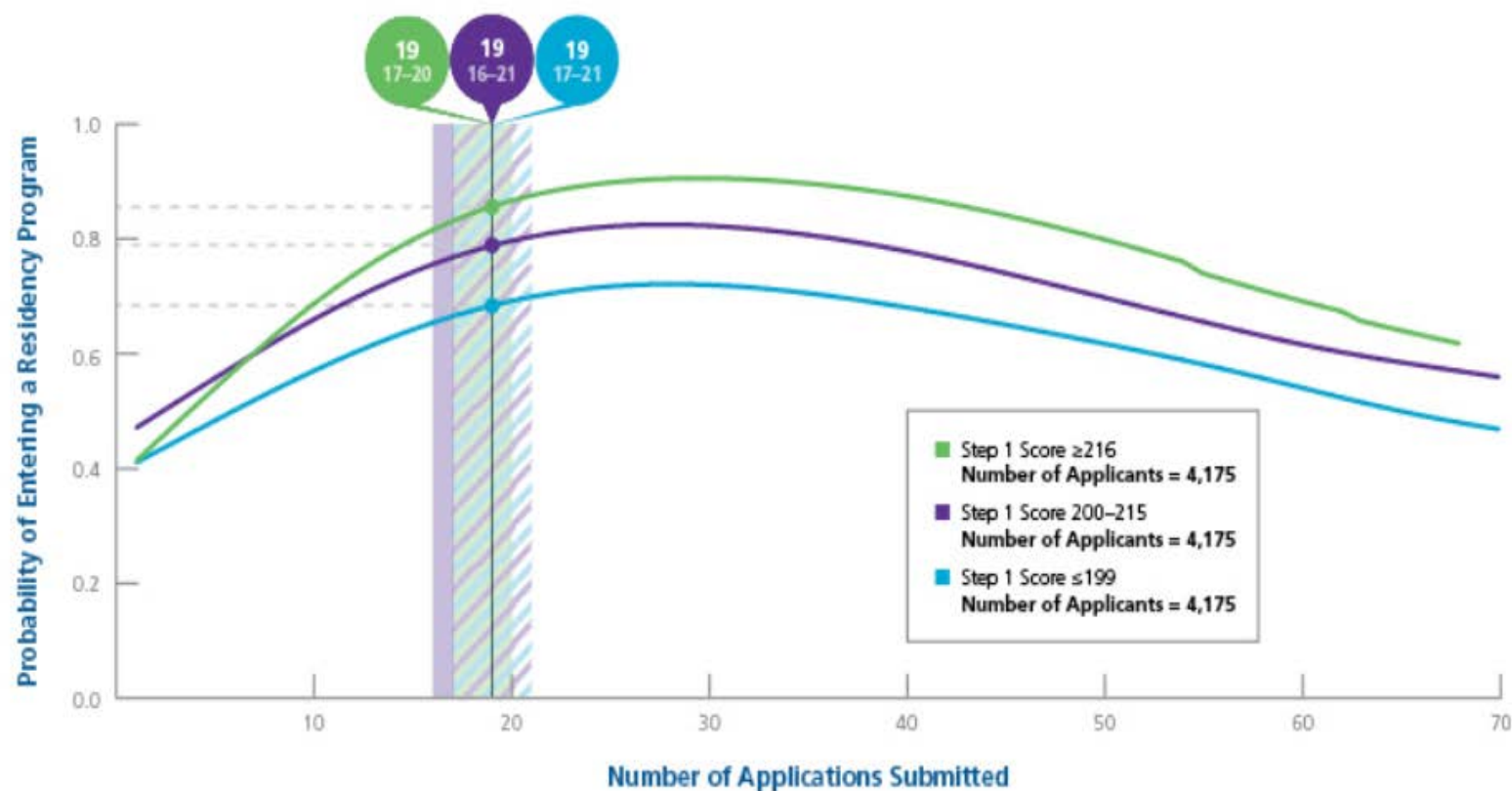
Risk Factors for Not Matching

- NP Grades in Preclinical Years
- Step 1 Score <200
- Not Passing step 1 on 1st attempt
- Step 2 CK Score <215 or NP on 1st attempt
- Step 2 CS Failure
- Professionalism Concerns (Especially if on MSPE)
- LOA (may or may not be a real risk but requires more information)
- Any NP Grades in Clerkship Years
- Class Rank/Quartile in 4th Quartile
- Specific Geographical Needs +/-
- Lack of clear FM advisor
- Below average communication skills (As assessed by advisor)
- Lack of insight into their own deficiencies (As assessed by advisor)

How Many Programs Should I Apply To?

- Most apply to ~ 15 programs, interview at 12-14, and rank 10-12 – but it depends on a number of factors
- Students at risk for not matching will likely need more
- Applying to more programs costs more (as of 2/2017)
 - Up to 10 - \$99
 - 11-20 - \$12 each
 - 21-30 - \$16 each
 - 31 or more - \$26 each
- FM applicants in a 2015 survey spent \$1,900 (mean) on applications and interviews (SD \$1,800)

Point of Diminishing Returns for Entering a
Family Medicine Residency Program for U.S. MD Applicants





Charting Outcomes Data - NRMP

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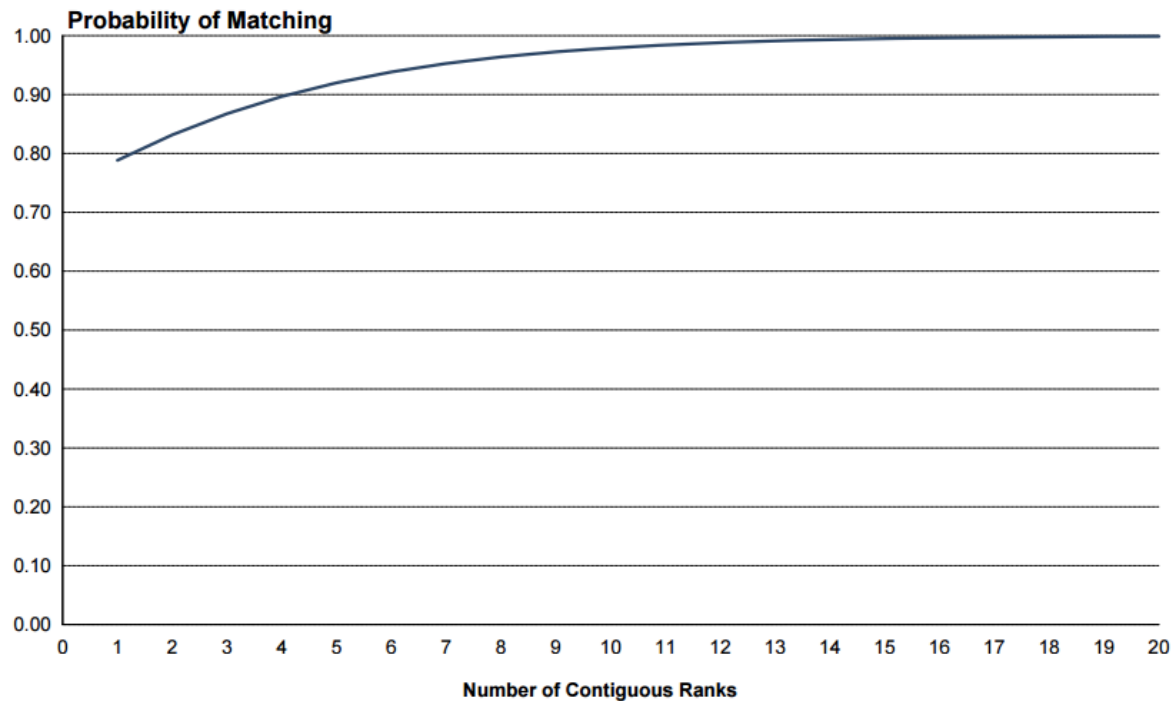
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Probability of Matching in FM

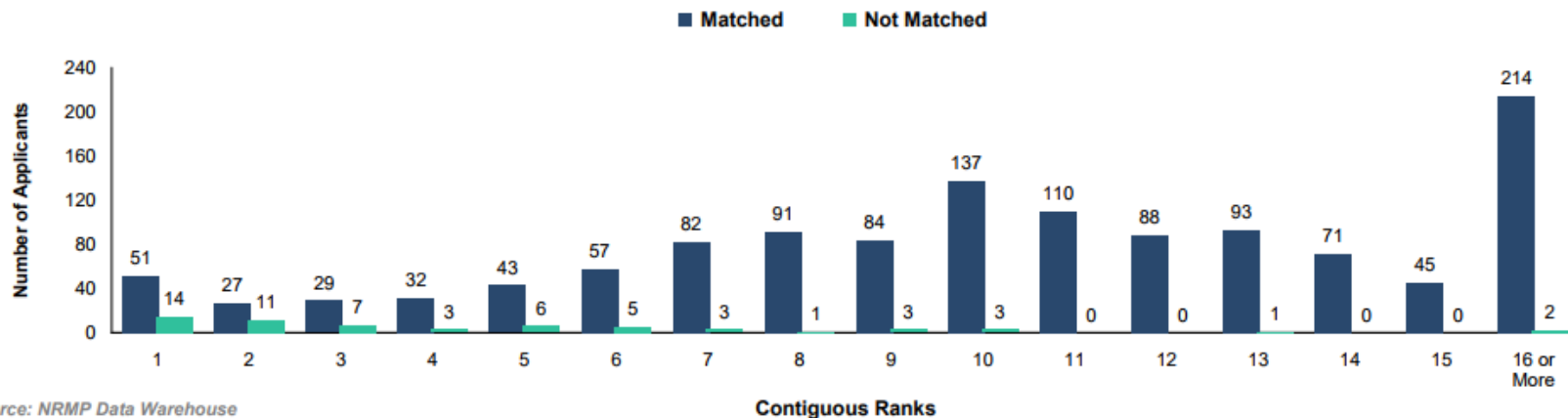
**Graph
FM-1**

**Probability of U.S. Allopathic Seniors Matching to Preferred Specialty by Number of
Contiguous Ranks**
Family Medicine



Match Rates by # Ranked

Chart FM-2 Number of Contiguous Ranks of U.S. Allopathic Seniors
Family Medicine



Student Resources (to recommend or avoid)





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Choose Your Specialty

Find the medical specialty that's the best fit for you

Prepare for Residency

Find and successfully match into the residency program that meets your career goals

Shape Your Career

Consider practice options and maximize your career

Residency Programs

[Find Programs](#)

Search residency and fellowship programs

[Researching Programs](#)

Identify what you want from your training and find programs where you're likely to fit

[Residency Preference Exercise](#)

Capture and map your preferences to programs to find the best fit

Residency Application

[Applying](#)

Write a personal statement and CV, obtain letters of recommendation, and prepare a strong application.

[Interviewing](#)

Secure enough interviews and present your best self on the interview trail

The Match

[Match Process](#)

Navigate the various matching programs and maximize your likelihood of matching

[Rank Order List](#)

Strategically craft your final list of residency programs to help ensure you match

Transition to Residency

[Transition to Internship](#)

Progressing from medical school to day one of residency training

[Assessments Dashboard](#)

Explore Options



Everything you do and learn during medical school contributes to the total package you submit when applying for residency. However, it's not just the events that take place (e.g., a research project, a leave of absence), but how you handle them. No one expects you to be perfect — but residency programs do expect to see that you try hard, learn from your mistakes, are open to feedback, and strive to improve.

Maximize your experiences during medical school, learning and growing as much as possible. Use these strategies to strive for positive outcomes including personal and professional development as well as to successfully recover from and move past less than ideal situations.



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The AMA Residency & Fellowship Database™

Search Programs

Define and narrow your search by selecting one or more of the following options.
A maximum of 500 programs will display per search result.

Specialties

Family Medicine



ex. Neurology, Pediatrics [Browse Specialties](#)

Locations (State and/or Region)

ex. Illinois, Midwest [Browse Locations](#)

Keywords

ex. ERAS J1Visa Stipend [Keywords Help](#)

Database Resources

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Residency Directory

Search Residency Programs

Choose location: Control-click to make multiple selections. Control-click again to de-select.

Alaska
Alabama
Arkansas
Arizona
California

Choose community setting: Control-click to make multiple selections. Control-click again to de-select.

Inner-City
Suburban
Rural
Urban

Residency program type: Control-click to make multiple selections. Control-click again to de-select.

Community-based, med school admin
Community-based, med school affiliate
Community-based, non-affiliated
Med school based
Military program

Choose preferred program size:

-- Select Program Size --

Offers international rotations:

☐ Yes
☐ No

Has other residencies in hospital rotations:


Potential Black Holes

But your students are on them





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Residency Navigator 2017-2018

A transparent look into U.S. medical residency programs, powered by over 275,000 peer nominations, ratings and hand-written reviews.

Specialty*

Family Medicine

Sort By*

Select one...

Location ☒ By Region ☐ By State

☒ All U.S.

☐ Northeast

☐ South

☐ Midwest

☐ West

Program Characteristics and Setting

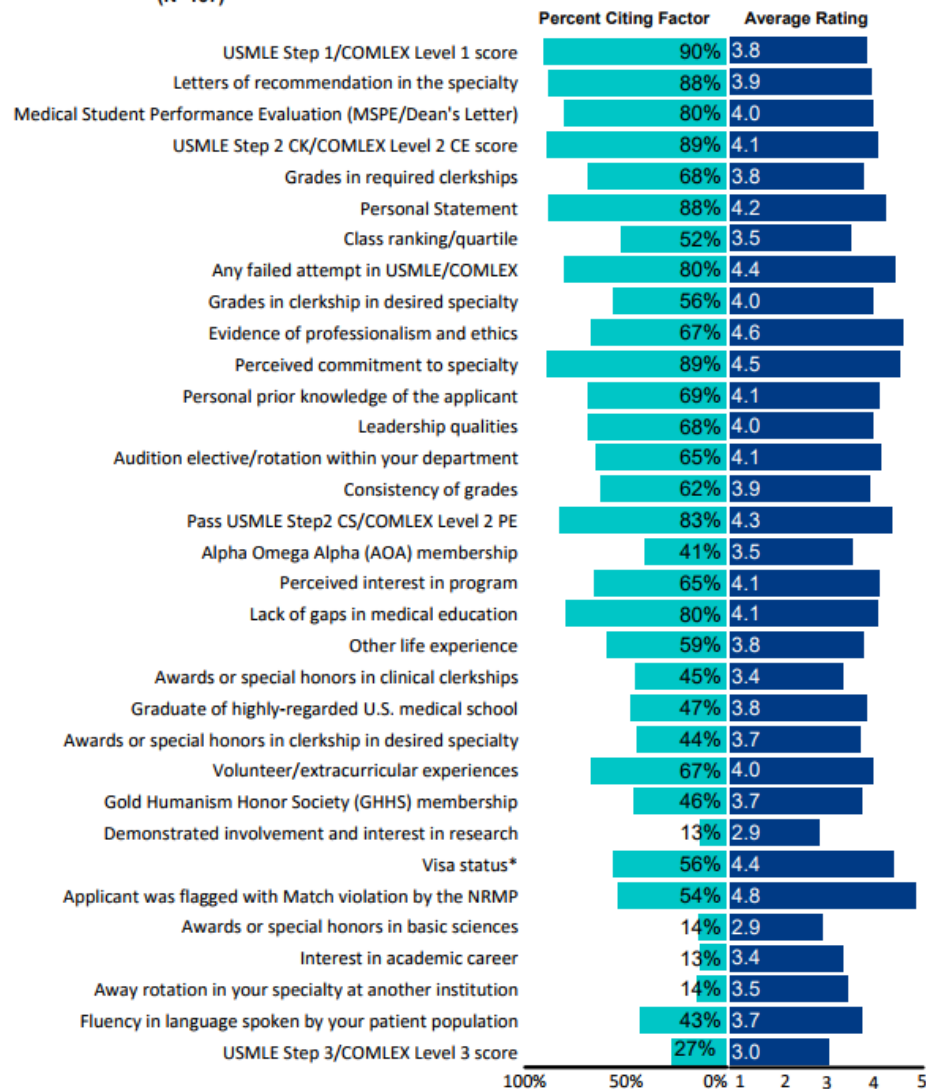
Large Profile: + expand

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100% (plus 100 more)

Figure FM-1

Family Medicine
Percentage of Programs Citing Each Factor And Mean Importance Rating¹ for Each Factor in Selecting Applicants to Interview (N=167)



¹ Ratings on a scale from 1 (not at all important) to 5 (very important).

* International Medical Graduates only

Highlights of Selecting Applicants for Interviews

- Perceived Commitment to FM 89% (4.5)
- Personal Statement 88% (4.2)
- Letters of Recommendation from FM 88% (3.9)
- Medical School Performance
 - Grades in required clerkships 68% (3.8)
 - Dean's letter (MSPE) 80% (4.0)
 - Grades in FM Clerkship 56% (4.0)
 - USMLE Step 1 91% (3.8)
 - USMLE Step 2CK 89% (4.1)

How do you educate your learners on application best practices?

- Group Sessions?
 - What do you cover when?
- FMIG?
- 1:1 meetings?
- Dean's Office?



Internal Resources

FM Program Database 2017-2018

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	A	B	C	D	E	F	G	H	I
1	Program	City, State	Strengths	Weaknesses	Biggest Suprise	Clinic First?	Tips for others interviewing there	Perks offered to applicants	Gut Feeling
2	University of		Academic focus; academic and community hospital training sites; switching to clinic first - resident driven, partially organized by recent grad who is an academic fellow; seems like an excellent training; funded international opportunities; lots of room for flexibility in focus; really cool and flexible fellowships. - lots of urban underserved, homeless, large Spanish speaking population, French African immigrants, younger population - lots of pregnant women and peds. - clinic - rural underserved and upper class geriatrics, less racial/ethnic diversity. Seems to ramp down after intern year which is the hardest. 1 month "block" orientation at beginning of residency - don't start clinical duties until 8/1. Time for moving, exploring, bonding with residency class. 4 weeks of vacation, and moving towards letting you take them in less than 1 week chunks (i.e. you can take a 3 day weekend for a wedding or something)	More conservative than OHSU - don't do any MAT for SUD, only have 3 bupe prescribers in entire family med department; have to do an elective at PP to get any abortion training, don't do it in clinics/hospitals; residents seemed pretty tired and like they hadn't had much time to go out and even explore the local area at least during intern year. Clinics/hospitals pretty far apart, decent amount of driving.	s kind of pricey! Also is very hopping for a small town, downtown restaurants busy even on Monday evening. Having an academic AND a community hospital seems like a very strong benefit. House Officers are unionized, have lots of extra benefits from it.	Yes - will be first year	There are a few traditional interview questions - so prep like classic questions (tell me about a challenging patient, tell me about uncertainty, etc). It is a LONG day, get a good nights rest and drink lots of coffee. Also lots of walking, wear comfortable shoes. Maybe try to sit in the front seat of the minivan on the drive home for more facetime with the PD:) You'll be back at the hotel by 4:30pm so it is possible to fly back that night - airport only 30 mins away. No real breakfast - just some cookies and yogurt, so eat before you go.	1 night hotel stay in a nice hotel; fancy dinner the night before at a nice restaurant	It's so flat and not that much nature. Seems like a rough transition from the PNW. Would be a top choice if in PNW.
3	Family Medicine		Great OB numbers: minimum requirement of 70 deliveries, with averages 70-100. Some residents have gotten as high as 150 (around 350 by third year). Unopposed for the most part (occasional visiting EM and OB residents for network resources; Clinic first model, with a few half days of clinic per week with continuity panel emphasized; diverse population (school district has more languages per capita than anywhere else in the country?); generous maternity leave (12 weeks without using elective time per one resident's report); inpatient service is Med Peds, so have inpatient peds experience throughout the year; co-location of clinic and hospital - only time away from main site is one week of inpatient peds at Children's.	Just starting universal training for suboxone (so also a plus, but newer to the practice); despite clinic first model, still lots of inpatient as intern: Med Peds rotation is for a 1 month block every other month intern year; termination training is limited, as most residents have not been super interested in the last few years but they're working on it; multiple residents identified procedures (including IUDs and nexplanons) as weakness of the program; no designated procedure clinic. No SW in clinic.	It felt a lot farther from than I anticipated. Seems like the equivalent of Camas to Portland (I didn't map it). Pleasantly surprised by the large number of OB deliveries.	Yes	They do half day interviews, a morning session and afternoon with crossover from 12-1:30 for both groups to do a hospital tour and lunch. I did the afternoon group, which was nice for being able to drive up and back in the same day, but it was awkward to get the hospital tour without any information yet about the program. However, I was happy to not have to spend an extra overnight, and the traffic heading south at 5 PM was not as bad as I expected (I got home by 9 PM with a stop for dinner). Interview themselves were very relaxed, mostly me asking them questions. I did not have any "tell me about a time when" type questions. If anything, I wish I had more opportunity to talk about myself and application.	Resident dinner at a brewpub the night before (I did not attend); breakfast (if morning group) and lunch. Free parking on site.	Overall I was not super impressed by the program and the PD did not get me too excited - I didn't have much sense of his hope and vision for the program. While everyone seemed laid back, it struck me as not particularly rigorous.
4			Great program near Portland! Hybrid block and longitudinal curriculum, clinic first model: two week blocks (alternating inpatient and outpatient), which means at least 2/4 weekends a month are golden weekends. No nights on medicine (at first I thought this was a negative thing, but residents have gone on to do hospitalist work and can pursue hospitalist electives with night float if they are interested). Very responsive to resident feedback. Prioritize wellness (quarterly wellness activity with classmates and BHT faculty). Universal suboxone training (second half of first year). PD has particular interest in leadership training as well as the "business of medicine" so trains residents well for proper coding and efficient documentation. AOCs in OB, sports medicine, HIV, integrative medicine and leadership; Sports medicine fellowship on site, so really strong MSK training; procedure clinic; Weekly didactic afternoon; Unopposed residency in large hospital (442 bed Level II Trauma center):	Because of "light" Catholic affiliation, can't do onsite termination training but can send residents to Planned Parenthood (they do do vasectomies and tubals and plenty of birth control). As someone who wants to stay in Portland, the drive is a bit longer than other area programs (however, it is the reverse commute). Clinic and	How much I loved the program and the people and how happy the residents, faculty, and staff all seemed. Same PD since founding of program in very		Interview is 8:15-3:30 or so. The morning is for presentations from PD and program coordinator, as well as a tour of the clinic. Then there are 4 formal interviews (20 minutes each with a 20 minute break) with PD or Assoc PD, one faculty member, and 2 residents. My interview with the faculty member had more behavioral questions (tell me about a time you had conflict with a fellow student. Tell me about a time you received feedback that was difficult to hear) but for the most part was casual conversation and a chance to talk about my interests and passions. They were very friendly	Resident dinner, free parking on site, breakfast (pastries.	I liked this program so much more than I thought I would and I think I would be very happy. Overall I was really

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[View Highlights »](#)

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Student 1

Student requests to meet with you at the end of their 3rd year wanting your advice.

They report to be in the middle of their class by grades, got a 221 on Step 1 and plan to take step 2 early.

They don't know if they want an academic medical center or community based program but have no geographical ties to any one area.

They want your help with how many programs to apply to and which ones they should be looking at.

- What do you tell them?
- Is this student at risk for not matching?

Student 2

Student whom you suspect may be in the bottom quartile and may interview poorly based on your interactions tells you that they are 'average' and plan to apply to 11 programs based on the charting outcomes data.

Student 3


Pisacano Scholar, MD/MPH, AOA, GHHS
who plans to apply to 30 programs to ensure
they get at least 20 interviews.

Further Discussion / Questions?



References & Resources

- 2017 Match® Results for Family Medicine <http://www.aafp.org/medical-school-residency/program-directors/nrmp.html>
- ERAS Data on Applications/ Applicant 2012-16: <https://www.aamc.org/download/358774/data/familymedicine.pdf>
- Strolling through the Match: http://www.aafp.org/dam/AAFP/documents/medical_education_residency/the_match/strolling-match2016.pdf
- 2016 Charting Outcomes in the Match: <https://www.nrmp.org/wp-content/uploads/2016/09/Charting-Outcomes-US-Allopathic-Seniors-2016.pdf>
- 2016 NRMP National Program Director's Survey: <http://www.nrmp.org/wp-content/uploads/2016/09/NRMP-2016-Program-Director-Survey.pdf>
- AAMC Careers in Medicine: <https://www.aamc.org/cim/>
- University of Washington FM Advising Page: <https://depts.washington.edu/fammed/education/advising/apply/>
- Use of Periodic Match Surveys to Identify Students at Risk for Going Unmatched Chris Woleben, MD AAMC 2013 (Use of Risk Stratification). https://s3.amazonaws.com/v3-app-crowdc/assets/events/UnQaEpCgx8/activities/Young_The_Jaws_are_Closing_Final.original.1383531125.pdf
- ABMF Initial Certification Residency Program Examination Performance Summary by Graduation Year by Program: [file:///C:/Users/schneibe/Downloads/FirstExamAttempts_Program%20\(2\).pdf](file:///C:/Users/schneibe/Downloads/FirstExamAttempts_Program%20(2).pdf)

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