

Guide to Applying in Family Medicine

For University of Washington Medical Students

Disclaimer: This guide is intended to be used by UW medical students and is based on the experiences of the authors. Always use common sense when applying this general advice to your situation. This is not intended for public distribution or educational use, in whole or in part, without the express permission of the authors. The opinions expressed here are those of the authors and do not reflect those of the University of Washington, the UW School of Medicine, or any other institution or residency with which one or more of the authors may be affiliated.

Pandemic disclaimer: Much of the information in this guide is based on in-person activities and interviews that may not be applicable. We have *grayed out* sections that are less relevant to virtual situations.

Contributors:

Elizabeth Conway E13 (AK)	<i>Alaska FMR, Anchorage, AK</i>
Kelsey Sholund E13 (WA)	<i>Swedish Cherry Hill/Port Angeles RTT, Seattle/Port Angeles, WA</i>
Matt Peters E13 (ID)	<i>OHSU Cascades East FMR, Klamath Falls, OR</i>
Anthony Markuson E14 (MT)	<i>FMRI - Magic Valley RTT Boise/Twin Falls, ID</i>
Emily Jones E-14 (Spokane)	<i>Swedish Cherry Hill FMR, Seattle, WA</i>
Joey Nelson E-14 (Spokane)	<i>UWFMR – Harborview Clinic (Seattle, WA)</i>
Claire Simon E-15 (Spokane)	<i>UWFMR – Harborview Clinic (Seattle, WA)</i>
Brittany Cooper E-15 (Spokane)	<i>Valley FMR – Renton, WA</i>
Taylor Simmons E-16 (ID)	<i>Western Montana RTT FMR – Kalispell, MT</i>
Angela Bangs E-16 (MT)	<i>FMRI – Boise, ID</i>
Carolyn Knackstedt E-16 (AK)	<i>FMRI – Nampa, ID</i>
Tiffany Jenkins E-16 (Seattle, WA)	<i>UWFMR – Seattle, WA</i>
Alexandra Davis E-16 (AK)	<i>Alaska FMR, Anchorage, AK</i>
Sarah Maze E-17 (WY)	<i>FMRI – Boise, ID</i>
David Olsen E-15 (Seattle)	<i>University of Utah – Salt Lake City</i>
Marisa Wickerath E-17 (Spokane)	<i>Saint Joseph Hospital – Denver</i>
Anna Smith E-17 (Seattle)	<i>FM-Psych at Boston Medical Center</i>

THE BASICS	3
WHY FAMILY MEDICINE	4
PART I: DETAILED ADVICE TIMELINE	
DURING 3RD YEAR	6
SUMMER AFTER 3RD YEAR	
Write Your Personal Statement	9
AAFP National Student and Resident Conference	9
Request Letter of Recommendation(s)	11
PROGRAM SELECTION	13
ERAS ASSEMBLY & SUBMISSION	15
SCHEDULING INTERVIEWS	15
INTERVIEW LOGISTICS	17
Scheduling	17
Accommodations	18
Flight booking tips	19
INTERVIEW FASHION TIPS	
The Essentials	19
Men	20
Women	20
Genderqueer Attire	21
INTERVIEW DAY TIPS	21
SIGNIFICANT OTHER CONSIDERATIONS	24
THE RANK LIST	
Tips	24
How We Organized Programs	24
Favorite Tips from Residents	25
AFTER SUBMITTING YOUR RANK LIST	
Post-Interview Communication	26
“Love Letters” and “Like Letters”	26
THINGS WE WOULD HAVE DONE DIFFERENTLY	27
PART II: SPECIAL SITUATIONS (ALWAYS consult with an advisor/mentor - or more than one)	
Dual Applying	27
Couples Matching	28
Failed Step Exam	29
Low Step 1	30
Failed Course(S)	30
Expanded Year	30
Other Things You Might Need To Explain	31
PART III: SPECIFIC PROGRAM NOTES & OTHER USEFUL TIDBITS	31
Full-Spectrum FM (and yes, that is a broad term)	31
Full-Spectrum Family Planning	32
C-Section Track	33
Surgical Obstetrics (ie: primary c-sections as a resident)	33
Academic Family Medicine	33
Combined Programs	34
CONTRIBUTORS & CONTACT INFO	36
APPENDIX	37

THE BASICS

- Going to the AAFP National Conference of Medical Students and Residents in Kansas City (typically July) is well worth the time and money spent (and you can often get a UW or AAFP scholarship to attend!) Check with the UWSOM FMIG for more information. If you are only going to do one thing to prepare for the application process, **GO TO THE CONFERENCE!** The FM residencies track applicants who come talk to them and this can make a difference when interviews are being extended. This is especially important if you are interested in residencies outside of the WWAMI region. The conference will be virtual in 2021.
- The average UW student is advised apply to about 15 programs, is offered interviews at ~80-95% of them, attends 10-13 interviews, and ranks 10-12. This is not rigid. Most UW grads get one of their top three programs; the rest of the programs help improve your odds to match somewhere. To ensure a >99% chance of matching, you should rank 10 DISCRETE programs. Ask your FM advisor about your “competitiveness” as an applicant to get more specific recommendations. Trust your advisor.
- FM is getting slightly more competitive, but the UW reputation helps a lot (this is something that as a student you generally do not realize until match day)
- You may be asked about red flags during interviews (step fail, class fail...) but that does not mean you are not competitive.
- Excellent LORs can make up for red flags, but nothing can make up for a poor LOR
- FM interviewers will often have read your entire application. All parts matter. Be ready to comment on grades, letters, personal statements, research, activities, and hobbies. Increasingly, programs are moving to interviews where the people interviewing you have been “blinded” to your application and so have no idea what your scores/grades are. It is essential to have your 2-minute introductory elevator speech ready so that you can start the interview with the information you want them to have.
- Three letters total is sufficient for most programs. You need at least one FM letter of rec and it needs to be an excellent letter from an attending whom you worked with closely on a clinical rotation. Try to get other letters from some other attending who knows you well, especially if you have a special interest (i.e. a letter from an OB/gyn if you are interested in FM with OB).
- Have an idea of what you want your FM practice to look like long-term. Think about what scope of practice you want to ensure you choose the correct program. Will you practice in an urban or rural setting? Are you considering a sports medicine, surgical OB fellowship, HIV/Hep C, or palliative care fellowship? If yes, ensure your application reflects your interests at this time - you will not be held accountable in 3 years.

WHY CHOOSE FAMILY MEDICINE?

- “At some point in our lives, we have to stop making decisions based on what is most competitive or prestigious and start making decisions based on what kind of meaning we want our lives to have... it is easy to fall into the mindset of chasing prestige through a subspecialty- but to choose the prestige of a path over the meaning of another must also be a mindful decision.” -EC
- “Simply, I want to embody what I preach. Family medicine prioritizes quality of life.” - AD
- “Because it’s the ONLY specialty that has actually proven it increases the life expectancy of its patients! (And it’s the best specialty to care for the underserved!) I didn’t come into medical school thinking I was going to go into family medicine. I love OB and women’s health and thought I was going to be an OB/GYN. It wasn’t until my MS3 rotations that I slowly realized I was a family doctor at heart. Even though I didn’t love every rotation, there were aspects of each rotation that I really enjoyed, which were: advocating for my patients, making sure ALL aspects of their health were addressed, learning my patient’s story and developing a relationship with them, and explaining/teaching to my patients about our treatment plan and their disease. I was frustrated on some rotations when we didn’t address some of our patient’s most pressing problems because “it’s not our specialty.” And I didn’t like the fact that simple things like PHQ9s and “women’s exams” were often deferred and referred out due to the fact that the specialist didn’t feel comfortable with them. I felt patients and families got better care when a primary care doctor, especially a family doctor, was involved. Still, I hesitated to choose family medicine as my specialty because having to know about “everything” seemed really overwhelming. But during my family medicine rotations I discovered that the family medicine mindset of thinking holistically about patients in the context of their family and community made me happier and challenged me to become a better doctor. Also, I couldn’t give up OB/GYN, peds, or psych, and I felt like the FM residents and docs were “my people.” - TJ
- → Check out this awesome Undifferentiated Medical Student Podcast which was very helpful for me when making my decision to choose FM: (Steve Brown, Episode 16) <http://www.undifferentiatedmedicalstudent.com/ep-016-family-medicine-with-dr-steve-brown/>
- “I want a job that is challenging and different every day. I can’t imagine only caring for one organ system or one type of patient. I thrive off variety and I love that family medicine can be both intellectual and procedural, but that the basis of our practice boils down to relationships. ...I have a lot of frustration about the injustices in our healthcare system in the U.S. and I want to actively address these in my career. Family physicians know their communities, know their patients, and broadly understand the problems they face better than most specialists, which uniquely positions them to lead the charge in reforming healthcare to address injustice. ... Ultimately, it came down to the fact that I

want to take care of everyone, from cradle to grave, as cliché as that might be. I wasn't willing to give up children, adults, or men" -MP

- "You loved aspects of most/all of your third year clerkships." - BC
- "I consistently came back to how much I enjoyed working with current and future family physicians. They were my people!" -KS
- "I couldn't see myself working exclusively with issues related ONLY to gynecology, cardiology, pulmonology, OR pediatrics...I found myself identifying and enjoying the variety of family medicine - clinic, hospital, procedures, etc. I wanted to work with ALL of these patients so as to provide care throughout the human experience. This confirmed that Family Medicine was for me. Furthermore, I have a passion for social determinants of health, rural and underserved medicine, and advocacy" -AM
- "I know a lot of people hesitate to choose FM because they're not sure they love clinic enough. Just keep in mind that it can be difficult to enjoy working in clinic in medical school because you're jumping into someone else's panel for a short period of time. Try to imagine that those patients you're seeing in clinic have been your patients for 15 years, and everyone in their family is also your patient. Think back to your favorite patient interactions on your rotations and what it would be like to see them again and care for them in clinic. Does that make you feel happy? If so, then FM is probably the specialty for you. Also, plenty of FM docs do inpatient medicine, a few do inpatient exclusively, so you don't have to give that up if you love it." - TJ
- "Family medicine is on the front lines of medicine, acting day in and day out on behalf of the patients. Every part of a patient's story and life matters to their primary care physician, and I wanted a specialty that recognizes the importance of understanding the whole person, not just individual parts or pieces. I wanted a specialty that values prevention along with treatment. I wanted to be surrounded by physicians that were there to serve their community, not the other way around. In FM, I found my people." - TS
- "I kept coming back to my ability to develop strong, long-term relationships with patients and their families." - AB

PART I: DETAILED ADVICE TIMELINE

DURING 3RD YEAR

Required Clerkships:

- Do well in your clerkships. Your evaluation comments matter a lot. Your grades matter...to a certain extent. Do try to honor FM. If you don't, it isn't the end of the world.
- If you get clinical honors but your test drops your grade, your MSPE will clearly show that you got clinical Honors but your final grade was lower, so try not to stress if that happens to you.

Letter of Recommendations (see Summer After 3rd Year for more info):

Timing of Sub-I's:

- There are lots of opinions on this topic. Ask your FM advisor for help on this if you are unsure. If you got honors on your 3rd year FM clerkship and already have strong letters, you may choose to time your Sub-I so that your grade comes out after MSPE is released so you do not have to stress about earning honors. However, getting an Honors prior to MSPEs is an additional piece that can strengthen your application. It will show programs that you can work at the intern level.
- Another strategy is to do a Sub-I with a program you are interested in early 4th year (March-June). During this time, you will not be in true application mode yet, and can devote more time to a Sub-I. This also helps you get a real feel for the program.

Away Rotations:

- Remember that any program in the WWAMI network is considered a "UW" rotation (not an away).
- You can go outside of the WWAMI network if you know of another FM program you would like to check out for a month. Be aware that if they do not take UW students regularly, the paperwork can take a long time to get through (i.e., months). Some people also just do sub-Is to check out a particular program. If there is a program that you really want to attend try to do a sub-I with them, if it goes well, it will help and if it doesn't, then it probably isn't a good fit for you. You can go through VSAS if it's outside of the WWAMI network, or through the UWSOM Department of FM if the program is anywhere in the WWAMI network. The WWAMI programs are definitely the easiest to arrange and involve the least amount of paperwork.

Get involved:

- Get involved with FM organizations, AAFP, STFM, WAFP, NRHA (rural), or other state organizations. This is a great way to meet other students, residents, and attendings outside of UW and the WWAMI region. These organizations are full of people who are excited to mentor.

Choosing Electives:

- Some people do a bunch of FM sub-Is, some do electives they will never have the opportunity to do again, and many do electives that are relevant to FM (peds, OB, IM electives). You may have opportunities to do things at UWSOM that smaller residencies don't have - a month of ortho trauma, a month of pediatric nephrology, or whatever floats your boat. You might want to brush up on your Spanish in Costa Rica or do a month of rural surgery in Libby, MT. Try to get a jump on things because many of these take planning. And if you don't know what you want to do, choose things you think will help you most as a family physician (ie - sports medicine, cardiology, dermatology (great for procedural training), etc.) Or choose things that have lighter hours (radiology) so you will have some extra time to work on your application.
- Enjoy 4th year! Do electives that sound interesting to you! (Don't just do "filler" electives) You've worked your butt off in medical school to get to this point, and you're still paying for it, so take advantage of the incredible opportunities you have to go literally anywhere in the world you want to go. And don't be afraid to reach out to people and make your own elective if you're interested in getting more exposure to a specific patient population! Because I'm interested in Correctional Medicine and women's health, I reached out to Dr. Lara Strick (an ID doc who does a lot of correctional medicine) who I had done an elective with during my MS1 year about correctional medicine, and I got to spend a month at Gig Harbor, the largest women's prison in Washington which was a really amazing experience. I also spent 2 months in Kenya doing a 6 week rotation in Mombasa and 2 weeks of traveling the country (where I dipped my toes in the Indian ocean and explored African tide pools, and went on safari where I saw lions, elephants, leopards, cheetahs, giraffe, and so much more). And I spent 8 weeks at the Seattle Indian Health Board, the only urban Native American clinic in the country, where I got to not only learn from residents and docs who served an underserved patient population, but I got to participate in a women's sweat and learn from traditional Indian medicine healers. During 4th year the world is your oyster! It may take a little extra planning, but use your elective time to do things you love. You've earned it, and you're probably not going to have this opportunity again. - TJ

Keep track of your activities:

- Keep track of extracurriculars (see Appendix A for sample tracker format). You will need these for ERAS. Finish UW Pathways you started.

- Update your resume/CV as often as you can.

Studying for Step 2 CK:

- Study for Step 2 throughout the year. If you were unhappy with your Step 1 score, remember programs WILL notice improvement. Most UW students take 2-4 weeks to study for CK.
- Resources used: UWORLD (during third year and again during dedicated), Sketchy, Online MedEd, and USMLE Step 2 Secrets.
- While STEP2 might seem “easier,” don’t forget that this is still an important test. You, like myself, and many of my peers, will be exhausted from 3rd year and will encounter burnout having to study for another STEP exam, so don’t forget to take care of yourself. Eat right, sleep well, and most importantly get some exercise. –JN

Studying for Step 2 CS: This had had been on hold since May 2020, and has now been [cancelled permanently](#).

Making 4th year schedule: (Note from FM specialty advisor: These students all did in-person interviews. Less time may be needed with virtual interviews but remember they can be exhausting in a different way, so kind to yourself and plan thoughtfully)

- Plan time off for interviews in your MS4 schedule!
- Taking off only one month (end of October to mid November) and interviewing over winter break worked well for me. I think I would have been bored if I took off two whole months. That means a few weeks with 3-4 interviews, but it was manageable if they were all near each other. I also liked interviewing on the earlier side as programs seemed to get a little worn out by the end of December. -KS
- One of my colleagues took November off, did all of his interviews in a month, and then was completely done. And I was SO JEALOUS. -EC
- I took no time off. This was only possible because I interviewed at mostly all local programs, didn’t do many interviews and worked very closely with my clerkship directors’ months ahead of time to figure out scheduling. This worked for me but was stressful and I would not necessarily recommend this strategy.
- I took nearly two months off for interviews, but applied outside of WWAMI. I would suggest this strategy if you are applying to lots of programs outside of WWAMI/ are applying to programs all over the country. It is difficult to get all your interviews in one region sequentially, and will likely have to return to certain states/regions multiple times. Add on traveling, and 3-4 interviews per week is absolutely exhausting and I would not recommend it. - BC

SUMMER AFTER 3RD YEAR

Writing your Personal Statement:

- Start early. Edit it a lot. Don't be afraid to start over if you don't like it. Have A LOT of people edit it, including some people who aren't medical students or physicians. Take some (but not all) of their advice. This is important to do early for several reasons - so you're not freaking out later, so you have something to send your LOR writers in June & July while they are writing your letter, and so you clarify what exactly you are looking for in a residency so you can articulate this at the AAFP conference and during the application season. Plus, you can always change it until you submit applications (and you can even update and submit it again after applying through ERAS).
- Use your FM advisers!!! Tomoko was my adviser and she was INCREDIBLY helpful throughout the entire process. From helping me decide what I should include in the statement, to helping me edit it and get it down to one page, she was my best resource! - TJ
- Don't forget though that the Personal Statement is truly a "Personal Statement," so don't let your editors make too many drastic changes that make it less "yours." -JN
- Don't be afraid to be you. I was told that my personal statement was too out there by a letter writer. I decided to stick with it because I felt if a program didn't like my personal statement I didn't want to end up there. I was told at multiple interviews that my personal statement was the favorite they read all year.
- I got compliments every single interview about how they loved my PS. As soon as I was in the room with them they would comment "oh you had the X story!! That was so fun to read." It really is a way that can make you stand out and be a conversation piece. -CK
- This is one of the few times when you get to show programs WHO YOU ARE rather than what you have done. At my core, I am an artist – so I used my personal statement to showcase that. – BC
- Once you have a general PS, remember you can personalize it for specific programs you are very interested in. This doesn't have to be long – 1 -3 sentences. This will show programs you have 1) done your research 2) shows your interest even more 3) is often a talking point during interviews! – BC
- Adding to this--**check each residency's website. Some want you to address a specific thing in your PS.** I uploaded several program-specific PS in which I changed out a few sentences to address what they wanted. -CK

AAFP National Student and Resident Conference - The conference will be virtual in 2021

- GO TO IT!!! – by all
- The virtual conference was challenging to prepare for, as time was strictly limited and the platform struggled to handle the volume at times. However, lots of preparation and strategic planning really paid off in the long run. Here was my approach for this unique situation:

- I used the TexasSTAR database to find programs with a track record of accepting applicants with Step 1 retakes and my Step 2 score. It's nice to explore all the possibilities but my #1 priority was matching.
- Made a spreadsheet of all the programs that accepted applicants with my stats after narrowing it down based on areas where my partner and I actually wanted to live (honestly, if you can't see yourself happy somewhere, why even apply?)
- Take notes on programs, including names of program director, chief resident(s), mission statement keywords, perceived strengths, reasons why the program appealed to me, etc. This step was crucial when I received an invitation to chat and already had 6 appointments scheduled (more later). By the way, this step was super helpful when it came time to decide where I wanted to apply in ERAS!
- Log in early on the first day, **create a strong profile with all your pertinent info and contact information and a good photo**. I can't tell you how many PD's/residents commented on that.
- **Use a calendar to keep your meeting dates/times straight**. I was dealing with 8-10 per day over 3 days and 4 time zones so it was not easy to remember where and when I was supposed to be. Also, some programs decided to use a platform other than the laggy one provided by AAFP (Zoom, MS Teams, BlueJeans) so have it downloaded and orient yourself if necessary. Missing a scheduled appointment is not a good look.
- Take notes during the chats so you can refer to them after your meetings with programs. "It was a pleasure to speak with (residents A & B) regarding ..."
- Send follow up emails to the PD and chief resident one week after the conference. Some people like to do it the day of or next day but I didn't want to get lost in the tsunami of emails they receive. - DO

(Note from FM Specialty Advisor: The comments below are from students who attended in-person. Much of their advice is still valid)

- Seriously. It is the easiest way to put together a list of the programs you want to apply to because you can talk with residents and faculty from nearly every program in the country. Plus, there are interesting workshops and residencies will often host "socials" (free beer & wine) in the evenings for extra schmoozing time. Definitely worth the \$\$\$\$ - if you eliminate even one program there, that's one interview you don't have to pay for.
- I recommend you pick out 10-20 programs of interest and be VERY intentional about talking to them (see Program Selection below). It can be time consuming to chat with folks AND move between booths. Asking about type of training, procedural numbers, tracks, elective rotations, etc. is good, but also see if you can connect on a deeper level. Per my passions, I asked questions similar to 'In light of how demanding residency is, how are do residents at your program continue to pursue service and advocacy opportunities?' Questions that help you understand if your passions are aligned with those in the program can be helpful in understanding if you are a good fit for that program more than if they have the correct number of procedures and deliveries.
- Dress is business casual. Bring a smile and your best WWAMI-land stories. I took notes after talking to each group of residencies and kept all the business cards I was handed.

They really came in handy later in the season when I met people at interviews and could remind them what we talked about at the conference. -EC

- Do not get super nervous about talking to the programs you are interested in. They are there to recruit you to their program, not to interview you for their program. The conference feels like a high stakes situation but in reality, it isn't.
- Non-WWAMI often ask why you would want to leave because of the strong FM here, you should have some sort of answer - BC
- You can definitely get nearly full funding for this, (through the AAFP or your state's Academy of Family Physicians) especially if you book your hotel far enough in advance and share a room with other UW students. -KS
- If you're interested in leadership/advocacy opportunities, this is the place to get involved. As an organization, the AAFP is very interested in what students think and has dedicated year-round positions (with travel stipends) that offer incredible mentorship and networking opportunities. Contact me if you want to hear more about this... -MP
- The Summary: Have a plan. Stay quasi focused. Take notes. And ask questions that will help you determine if you want to apply and interview at that program. -AM

Letters of Recommendation:

- You need 1-2 who are family docs plus another doc who knows you well. Best case scenario is 1-2 from family docs who you worked with really closely in a clinical setting, plus 1-2 from other specialties from a 3rd/4th year rotation.
- Highly recommended to recruit 4-5 letter writers instead of the minimum number of three. This is for back up if one of your letters doesn't get sent in time.
- Recruit as many letter writers as you can. I asked any attending with whom I had developed rapport and who felt comfortable writing a strong letter. That way, I could pick and choose my non-FM letters and tailor which letters I used based on the residency (i.e. OB letter for programs that really emphasize OB training, etc.). My letters and personal statement were the two things that my interviewers continued to bring up. – AB
- I found I got positive comments from interviewers when I had letters from attendings in fields that are complementary to FM (i.e. psych, palliative care). – AB
- Be really clear with your potential letter-writers when you ask - "are you comfortable writing a **strong** letter of recommendation?" and don't be afraid of asking this question. It's better to have more letters to choose from when you start your application. - AB
- Anyone who ever offers to write a letter for you, accept it on the spot and follow up. You can always use a letter for another purpose (VSAS, a scholarship app, etc.) -EC
- For me, it felt like the LOR was one of the most important aspects of my application. Again, choose your letter writers carefully. I had about 6-7 letters in my portfolio, with 2-3 that were from specific residency programs that I interacted with on rotation or a Sub-I, so I made sure to include that letter when I applied to those programs. You will be able to pick and choose which letters go to which programs you apply to. -JN
- Give letter writers a deadline a few weeks ahead of the actual deadline. Letters are stressful because they are out of your control and most of us had a few very stressful weeks leading up to ERAS submission waiting for one of our letter writers to submit.

- Follow-up with your writers often. I sent an initial ‘thank you’ email with my resume after confirming with the attending that they were going to write the letter. Then I started emailing more frequently (every 2-3 weeks) about 3 months out.
- Find some attendings that have your back and ask them for letters. **It is better to have too many letters than too few.** Never turn down a LOR offer (you can always ask them to write it and then decide later if you will use it or not). Also, if you’re not sure if they like you, you can wait until your grade comes out. If you’re still not sure, you can word your email “Do you feel you know me well enough to write a strong letter of recommendation?” If they agree, send them a story about a meaningful patient encounter that demonstrates why you will be a good family doctor, this may help them write a stronger letter and you will likely not remember come time for them to write the letter.
- Early on in my MS3 rotations, I made letter-writer packets. The packets were folders which had my updated CV, [a letter writer guide](#), (a small picture of me with my contact info (I put this in the business card section of the folder, and a thank you card (where I would write something about the most memorable patient experiences I had with them). I gave these packets to people who offered to write me letters during my MS3 rotations, and I wrote down their contact info to save for later. I could tell all of my letter writers were very impressed by my packets, and they said it made their letter-writing easier. I also gave the letter writers a small gift (such a bar of soap that I hand-made myself, or a nice chocolate bar) as a small token of my appreciation for taking the time to write a letter for me. And finally, I also identified a resident who was working with us on the team and asked them if they could contribute to the letter by sending some of their feedback on my performance to my letter writer (and I set up an email between the two of them to facilitate this). I think having the resident feedback is helpful to residency programs and shows that you’ve made a good impression on more than just the letter writer and that you’re a good team-player. Then, when it came time to ask for my letters my writers had already been given some good materials, but I did re-send them a copy of my updated CV as well as a rough draft of my personal statement. - TJ

EXAMPLE LOR Requests:

- First example is a follow-up to an in-person LOR request.
- Example 2 is a reminder email. Start hassling them, if you haven’t already (politely!)
- After you match, I think it’s nice if you check back in with your letter writers and let them know where you ended up! Mine were super excited to hear from me.

Example 1:
“Dear Dr. X,

Thank you so much for your willingness to write me a Letter of Recommendation (LOR) and upload it to the Electronic Residency Application Service (ERAS). I am pleased to have your strong support as I begin my application process.

I have attached my CV and personal statement (or a brief anecdote of a memorable patient encounter where your skills really shined. That may help jog their memories) to this email. These are both drafts, so please feel free to share your thoughts after reading them. I will send the ERAS submission form soon, and it can be submitted anytime between now and the deadline on September 15. (I would suggest telling your LOR writers you want the letters AT LEAST one week in advance of the deadline to ensure it is submitted on time). However, sooner would be much better.

I have also attached instructions on how to upload the LOR you wrote to the ERAS website.

Please let me know if there is any other information I can provide or if you need any help uploading the letter!

Thanks,

Student Z, MS4”

Example 2:

“Dear Dr X,

Thank you so much for your willingness to write me a LOR for ERAS. I wanted to check that you received my CV and personal statement. I will send the ERAS submission form soon, and it can be submitted anytime between now and the deadline on September 15. Please let me know if there is any other information I can provide or if you need any help uploading the letter!

Thanks, MS4”

PROGRAM SELECTION

- Talk to your FM advisor about your competitiveness and # of programs to apply to. Typically, a student will apply to no more than 15-20 programs and interview at no more than 12-15 programs. Less is more! –KS
- Choosing programs to apply to can be stressful! In fact, I found this to be the most challenging part of the process (other than choosing who to rank #1). There are incredible programs all over the country, including many within the WWAMI region. Each has its own pros/cons - the key is figuring out YOUR priorities.
- Use a resource like FREIDA to develop your preliminary list as it provides a centralized database with info that may be helpful to you. It may also be helpful to reach out to the FM advisors and see where previous UW grads who have similar profiles to you ended up. I also reached out to other UW grads/classmates in FM and came up with some programs that I would not have found on my own.

Here are some criteria that we suggest considering when assembling your list:

- Step 1 Scores
 - Many programs post “step 1 cutoffs,” for your application to be considered. I had a very low step 1 score, and I applied to programs anyways and got interviews at most. Remember that the rest of your application counts tremendously. Also – being a UW student holds a lot of weight. - BC
- Location
 - Easy way to narrow it down, but location isn’t everything. Many UW students apply regionally in the northwest, which isn’t necessarily bad, but remember that family medicine practice and training looks different in every region.
 - Consider family obligations and priorities. Definitely don’t apply somewhere you or your partner would not consider living/would have a low chance of finding a job. Save your money!
- Program Type
 - Community vs. Academic, Rural/Suburban/Urban
 - If you enjoy working on a large inpatient team and doing a lot of teaching and are interested in a career with research, teaching or leadership maybe you’ll enjoy an academic program more.
 - If you want to work more independently and be treated as more of a “partner” than a resident, maybe a rural training track is your jam!
 - If you want to work with a highly diverse and underserved population, consider urban programs. But remember, rural programs can also fit this mold to some extent...
 - If you want a mix of all of the above, but prefer to avoid the big city or academic center, check out community programs.
- Scope of Training
 - What skills are non-negotiable for you to obtain? While every program has to meet core ACGME training guidelines, every program has niches that they emphasize more than others.
 - If you want to do primary c-sections, provide termination services, prescribe suboxone, or use point-of-care ultrasound regularly in residency, these things should impact where you choose to apply!
- Unique Emphasis
 - Some programs care for unique populations or have other non-clinical emphases. For instance, if you are interested in tribal health, wilderness medicine, or public health being part of your residency, look for programs that address your area of interest.
 - “Areas of Concentration” are all the rage to ask about during Conference. At the end of the day, most residents said that they are not a big deal in residency. If you are interested/determined, you will essentially make your own AOC anyways. Go where you are going to be happiest. - BC
- Fellowship Opportunities

- Some people apply to programs that offer fellowships in their field of interest. This is especially relevant if you're thinking about sports medicine, as it tends to be the most competitive family medicine fellowship.

ERAS ASSEMBLY & SUBMISSION

When to Submit:

- **The most important part of your ERAS application is having it in early (ie - anytime prior to the day programs can begin application review).**

Completing your application:

- Your ERAS is complete when it has your personal info, activities, honors, publications, education info, personal statements, Step scores, etc. **Do NOT delay submitting ERAS.** Do your very best to get LORs well in advance. **BUT DO NOT WAIT TO SUBMIT ERAS IF YOUR LORS ARE LATE!** Letter writers can always add them later.
- I received one of mine weeks after my ERAS went out and it did not seem to make a huge difference. Rumor has it that programs won't read apps that have less than 2 LORs, though, so don't make a habit of waiting on these. -EC

The hobbies section:

- Do not half-ass this section. Lots of interview questions come from here. Make it complete, descriptive and interesting. I guarantee that even the most obscure hobbies will come up at least once during interviews.
- I was asked about pie baking at 10 of 15 interviews and this was noted very briefly in my hobbies section. Some people really interrogated me about my crust recipe. -KS
- Thank goodness I put my dog on my hobby section. He was very popular in interviews. -TS

Be prepared to back it up:

- Everything is free game. Do not lie (or embellish), anywhere on your ERAS application or in correspondence with programs. It isn't necessary and it isn't worth it. Programs will spot-check things.
- For example, I put that I was proficient in a fairly obscure language. One of my interviewers spoke said language and conducted part of my interview in it. Fortunately I wasn't lying. Especially if you claim to speak proficient Spanish, you will likely be expected to prove it (in a nice way) in an interview. -EC

SCHEDULING INTERVIEWS

- Many FM programs send out invites in mid-September. Some UW students will have heard back from 50% of the programs they applied to within a week of ERAS opening. If you haven't, don't panic. There is a deluge in late September and again in mid October.

They trickle in after that. Some will even come in later...which is mostly annoying because you'll already have your interview schedule pretty set. Many academic programs take a little longer to offer interviews. This timeline may be later this year given later ERAS deadline.

- Try to think ahead about which interviews you hope to group for travel purposes. Since every program sends out invites at their own time, it can be complicated trying to make these groupings happen, but it usually works out.
- Try to check your email throughout the day in September. I turned on vibrate email notifications on my phone (annoying, but necessary). Make sure your attendings know why you are checking your phone constantly. Mine were understanding...and I was on neurosurgery that month. I missed out on a couple of better dates because I was scrubbed in the OR, but it all worked out in the end.
- I recommend keeping track of programs in a spreadsheet (see Appendix B) or on Google Calendar independent of the online schedulers. It reflects poorly on self and UWSOM to cancel an interview a few days before because of an accidental scheduling conflict –AM
- **I would highly recommend making a separate email account that is just for ERAS.** Then it will not get convoluted with other emails. You can even make a separate alarm sound for when an interview email comes in. This was helpful especially to know when I needed to step away, and when I could continue working. - BC
- I enlisted my SO to assist on days when I knew I would not be able to step away (and he had access to my separate email account). I printed out a calendar in Nov/Dec (the time I had off) and looked at all the residency's websites as they usually post the periods in which they interview. Then I designated weeks that I would want to interview with the programs based on their posted schedules - i.e. the week of Nov 18-Nov 22 for programs in UT. Programs in the same city are generally pretty good about having interviews on different days, so I was able to group all my interviews geographically (although, I did only apply in the NW). - AB
- Some programs asked me to send them answers to a few additional questions before they offered me an interview, which I wasn't expecting. - TJ
- Programs are generally flexible about changing a date if it is available. However, it is ideal to schedule immediately when you get the invite because slots can fill up within minutes.
- If mid-October rolls around and there is a program that you think would be both very high on your list and that you think you would be competitive for, it is reasonable to give the program coordinator a polite call "to express your interest".
 - I did this for two programs. One waitlisted me and one offered me an interview on the spot. The one that offered me the interview may have screened me out initially due to Step 1 score, but once I called them they realized that I had previously visited their program (i.e. shown interest) and I suspect they read my application while I was on hold. This is probably one of the things that being from UW helps you with. You can of course also contact anyone you know who is connected to the program (resident, faculty, your LOR writer who trained there...)

and ask them to express your interest, but this would probably be only for a program that is your top choice. -EC

- I sent an email to one program I hadn't heard from by mid-October and listed specific reasons why I was interested, that I had family/friends in the area, and that I was already interviewing at a program in the same city. Got a text from the PD with an interview offer the next day. - AB
- Even if you are a strong applicant there may be a program or a few programs that do not offer you an interview for whatever reason. This is especially true at programs that have a specific mission or are in a location that you do not have ties to. I initially took this personally but then heard from other applicants and residents that this happened to them as well.
- Scheduling interviews was different depending on the program -- some did it online through ERAS, some online through separate scheduling systems, and some through the phone. Kind of annoying to navigate different avenues, but just make sure you're keeping track of all of them in one area. - TS

INTERVIEW LOGISTICS

Scheduling:

- Try to put them in an order that makes sense geographically, as this will save you lots of money and time. Driving to interviews can be a big money saver. If you have friends applying to similar programs, you may even be able to coordinate schedules and carpool to some interviews!
- Keep the possibility of weather delays in mind. You obviously can't plan perfectly for them, but closed freeways, cancelled flights, and messy roads are often a reality in interview season. I don't know who came up with the idea of doing all of these in October-January, but it's not exactly the ideal travel season.
- I was able to do all of my interviews Nov-mid Dec, but I wish I'd done October-mid Nov because I started running into scheduling/flight problems around Thanksgiving. By January I was 100% done being on the road. - CK
- Plan to do the interviews you're most excited about closer to the beginning. I ended up canceling my January interviews because by mid-November, I already had too many great options and not enough energy. - TS
- I scheduled two interviews with programs I was not super excited about at the beginning to settle my nerves and am VERY happy I did this. I also did a mock interview with a trusted mentor (in addition to the required one) and got much better feedback from my mock interview with someone who could push me a little bit. - AB
- Try not to interview in the middle of clerkships, unless it's in the city your clerkship is in. The UWSOM isn't going to give you more than 2 days off in a 4 wk block. No days off in a 2 wk block. (This is the official clerkship policy, but it can be less rigid in WWAMI-land). If you do need to request time off from your clerkship talk with the clerkship director or your site director directly and early, rather than the course administrator.
- Make attending the dinner/social a priority when planning your travel.

- Bring partners/spouses when able. I saw many other applicants do this and for the most part their partner looked like they were having fun and the programs usually have activities for them too.
 - I am so happy I brought my SO with me to the programs in which I was most excited. He ended up being able to chat with resident SOs about their honest take on the program and we got some really good information from those conversations that ultimately helped shape my rank list. - AB
 - I brought my mom with me to Klamath falls and it was really fun plus she understood the entire process better after experiencing the dinner/social. -KS
 - I brought my mom to Klamath Falls too! -MP
 - I brought my dad. -EC
 - What is it about the Klamath Falls interview and bringing parents? No one knows.
 - I took my dog on the interview trail (including to Klamath Falls); he made sure I ran and kept me company on the long drives -AM.
- **Interview season can be a grind. Don't let exhaustion get in the way of evaluating whether you want to live in a place and work with a group of people for the next three years.** If you can manage it, schedule your interviews so you have several days in places you have not visited before and make a mini-vacation out of it. Residents are eager to give recommendations about things to do and places to eat in town if you email them.
 - If you're a big sports fan, this could be your chance to see your favorite sports team in action or go do some other bucket list type of thing. I went to watch my Los Angeles Lakers play in Staples Center for the first time after interviewing at Ventura County. -JN
 - While you are at it you might as well check out some national parks, beaches etc, it's fun and will give you something to talk about at the interview.

Accommodations:

- This varies widely, but some programs will pay for a night or two at a hotel, some will offer resident homestays, and a few will even help with transportation costs. These are generally rural programs. If there is a UW grad at the residency, you can also email them.
- **USE THE UW ALUMNI PROGRAM!!!** They send you an email with a link to a survey before interview season starts asking which cities you need housing for on which days. I had 2 interviews in Tacoma and 2 in Portland that I needed housing for and they found me housing for all of them, which was **TOTALLY FREE** for me!!! This saved me a lot of money on the interview trail, and I got to meet some great UW alumni! But it can take some time for them to find housing, so fill out the application early and be patient! - TJ
- If considering staying with residents or alumni, make sure to check-in with yourself: am I exhausted from all the socializing? Maybe consider getting a hotel room to relax and decompress. If you do the interview trail in a month, it will be a long process and it is good to be healthy throughout: eat, sleep, and exercise per your normal routine as much as possible.
- If none of the above apply consider:

- SwapAndSnooze: a network for MS4s who are traveling for interviews and offer up their places to others for free! It's great because they often know a lot about the area and the program, and usually have at least one steamer around. Some will even offer to pick you up or give you a ride to your interview because they often have the day off if they're not interviewing. This will save you a significant amount of money. (swapandsnooze.com)
- Hotels- use priceline or a similar website to check hotel rates.
- Airbnb - less expensive than hotel rates (sometimes \$20-30/nt)
- Hostels - usually limited to larger cities
- Couchsurfing/crowdsourcing a couch via your Facebook network

Flight booking tips:

- Now is the time to use all the credit card points and airline miles you've banked from tuition payments or step exam fees during med school. Do your best to avoid paying for plane tickets!
- Use skiplagged, hipmunk, kayak, priceline, cheapoair or other web sites to check flight prices. These websites all track your browsing activity and will artificially inflate the ticket prices if you make multiple searches, so either use a browser mode that makes that harder to do (incognito mode on chrome, for example) or use those sites to find flight times and then go to the airline website. If a flight suddenly goes up in price while you are searching, this is typically what is going on. Close out of your browser or clear the cache and then repeat your search.
- Sometimes you can get very cheap flights by booking a hotel room at the same time.
- The cheapest time to buy airline tickets is supposedly Tuesday mornings, and if possible, several months in advance.
- Sometimes it is cheaper to rent a car than to uber everywhere. Sometimes it isn't. The internet can help figure out which is which.
- Many places in New York State don't have uber- be ready to call a taxi.

INTERVIEW FASHION TIPS

The essentials:

- You need a suit. Maybe two.
- If you are flying, consider a garment bag... you can ask the flight attendant to hang your bag to reduce wrinkles.
- I just rolled up my suit and brought a portable steamer.
- I used a lint roller, a sewing kit, all-purpose-double-sided-clothing-tape and (*gasp*) an iron on multiple occasions during the interview season. At the least, I would carry a lint roller and a sewing kit.
- Go easy or avoid the perfume/cologne. One resident who was giving our applicant group a tour actually started choking when we all got into a cramped exam room with one applicant who was wearing WAY too much perfume. His eyes started watering and he was coughing and couldn't talk. Don't do this to potential future colleagues!
- Don't spend too much time or money on your interview clothes, nobody will care.

- Most people dress casual for the pre interview dinner.

Men:

- Get a suit that fits; tailored if necessary. Black/Navy/Charcoal suits are the norm.
- Wear a tie that actually matches your shirt.
- Make sure your hair looks professional and don't overdo the gel.
- Shine your shoes.
- Keep it simple.
- Abide to the above, be comfortable, and add a bit of your style without being distracting - AM

Women:

- Most women wore plain pantsuits in black, navy, or grey. A few people wore skirts, but be aware that at many interviews you are in and out of tour vans/cars. This can get tricky in a skirt. At FM interviews, most people wore low heels or other reasonably comfortable shoes. It is winter and you will be walking a lot, both inside hospitals and out, and most of the time the tour group takes the stairs. You can wear high heels if you like but a reasonable maximum height is 3 ½ inches. Many people wore flats.
 - I wore heels for the interview and then would have flats in my bag to wear on the walking tours. - TS
- As for tops, a plain or subtly patterned button up, shell or scoop neck blouse is appropriate. Make sure that no cleavage is showing and that there are no gaps between buttons. It sometimes gets hot, so wear a shirt where you would feel comfortable taking your suit jacket off. Also – if you are traveling for a few interviews, bring multiple shirts. May be TMI, but you will sweat through them!
- Any color blouse is okay. It doesn't have to be just black/white, but I would be careful with bright or extravagant patterns. PRO TIP: If you wear natural deodorant or sweat a lot, go on amazon and order armpit suit protectors (little cotton pads with adhesive to stick on the inside of your suit jacket). Life changing. -TS
- Jewelry: Simple earrings plus either a nice watch or a necklace. I wore small "pearl" earrings and a matching "pearl" necklace to every interview.
- Wedding rings: This is your choice to wear. People will usually not ask about a spouse unless you bring it up. If you do bring it up though, be prepared to answer! -BC
- Hair: Keep it simple and neat. Pulled back, up or down are all reasonable choices.
- Makeup: Keep it simple. Nude tones are best. Most I interviewed with was wearing some makeup, but few were wearing lipstick or colored eye shadow/dark liner.
- If you are interviewing in the South, a skirt suit with low heels and nude hose would be a reasonable choice, as that is seen as more conservative. According to my mother, people in the south judge you for not wearing stockings. -EC
- Cut that little stitch off on the back side of your suit jacket. I thought it was a cute little accent, but someone pulled me aside at my first interview and told me to cut it off as though I had made a major fashion faux pas. Who knew?
- Banana Republic has reasonably priced suits at around \$200-300+. J. Crew frequently has 40% off sales. H and M has some suitwear and a reasonably presentable black suit

can be assembled for around \$80 if you are careful. Goodwill occasionally has options as well but you will need to inspect them very carefully. I got my suit from Nordstrom Rack for maybe \$60 total and it made it through med school interviews and 15 residency interviews just fine! -KS

Genderqueer Attire:

- As a cis-man, I do not have experience with this. However, I recommend that being your authentic self is essential to finding a program. Family medicine needs a diverse group of physicians to take care of our diverse population. Bring your personality in a professional modality and you will find a program where you fit. I hope to have future contributors to this guide that can comment more on this topic -AM

INTERVIEW DAY TIPS

- The general events of an interview day include: orientation, interviews with faculty & residents (3-5 interviews, 15-30 min each?), lunch, tour of clinic, tour of hospital, tour of community. Some included breakfast and some skipped the hospital tour, etc. but you get the jest.
- Some interviews are very informal and you will just chat about whatever you feel like for an hour. Be prepared for this and have questions ready so that you could potentially lead the entire interview if necessary. Many family medicine programs have moved to more standardized interviews in an effort to be more fair and avoid bias. In these interviews you will have multiple interviewers ask you specific questions.
- Many of these will be behavioral questions (tell me about a time you worked well as a team, tell me about a time where you made a mistake, tell me about a time where you worked with someone from a different background than you). These questions are HARD, it's very difficult to come up with a good answer on the spot. Find a list of behavioral questions and come up with stories for all of them. Even if you don't have a story for the specific question you are asked you can usually adapt a story that you have for another question. If you have about 10 stories for these kinds of questions you can usually come up with one that fits.
- I found it extremely helpful to practice mock interviews with mentors/SO/family. They helped me tighten my responses so much!! Honestly, I was only asked on average about 2-3 behavioral health questions per interview and they were extremely similar; my 2-3 stories were more than enough. - AB
- Family medicine is very invested in recruiting a diverse group of people who work well with others who come from different backgrounds. Be prepared to answer questions about what you bring to the table, what obstacles you have overcome in your life etc.
- **The most common question is “what questions do you have for me?” be prepared for this question from all kinds of people in all kinds of settings.** Have at least 10 questions ready. Some you can ask of all programs but have a few that show your interest in that specific program.

- Reach out to UWSOM grads at each program, but realize that the reasons they chose it might be very different than your priorities (location, spouse's preference, etc). I often found the most useful residents to talk to weren't from UW and that's not what I expected! -KS
- Show up to every interview PREPARED. This means reading their entire website (maybe for the second time), jotting down things that stand out and coming up with questions to ask. You will notice other applicants who don't do this, when they look foolish asking a question that was obviously on the website. Don't be that person. Instead, stand out for the right reasons by asking insightful and well-researched questions. -MP
- Be nice to everyone. EVERYONE. You never know if your future senior is sitting next to you on the plane! Or if you are interviewing with your future co resident.
- Depending on the style of interview (whether they'll have several prepared questions or only one), there may be extra time. If you have this blank space during your interview or you finish early and you are wondering how to fill time, be prepared to bring up something from your application that you haven't talked about yet with the interviewer. This can be a nice opportunity to highlight something you're excited about or want to be sure you share. It can also be a good opportunity to ask lifestyle questions and/or try to get to know the interviewer as a human! -SM

Keeping track of your thoughts:

- Take extensive notes right after each interview. They will all start to run together after about #5 -EC
- Consider making audio recordings of your thoughts as you drive between programs. I used these as a way to help rank my top 4 programs -AM
- I made a Marco Polo chat group with my closest friends/family that were involved in the interview process, and after each interview, I would talk through pros/cons and what I liked/didn't like and the experiences of the day. You can go back and review them later. Emotions on camera can sometimes speak louder than words on paper. - TS
- Record your authentic thoughts about the interview as soon as possible after you complete it—the only person looking at these notes will be you, so be honest with your thoughts, perceptions of residents/faculty, and just general feelings. -SM
- Try to make an evolving rank list AS YOU GO through the interview season; I challenged myself to do this and found it really hard but helpful when I was creating my official rank list at the end and had forgotten details or feelings about individual interviews. -SM

Favorite interview question to ask a program director:

- What do you love most about your residents? (It's positive and it gives you a good idea of what they value. Program directors loved the question, most of them smiled when I asked, and it helped me figure out if they valued the same things I value.) - TJ
- If you could hire a new faculty member today, what would you be looking for and who would you choose? -KS
- Can you tell me about a recent significant change within the program based on the input/concerns of your residents? -MP

- Do you expect any big changes over the next few years?
- Man I wish I had come up with one of those, usually I just asked them what changes they foresaw in the next three years. Although that's not a bad one, once the PD said "well I'm leaving in 6 months" and that was the first I had heard of it. Turned out they were not at all transparent about that during the interview unless directly asked. Partly because they were still interviewing for a new PD and did not seem to have a plan in place. (don't worry, that was not an FM program, FM programs were generally better organized). -EC
- What is the next step your program is taking to improve resident training? -AM
- What are your personal plans as program director? - TS
- This may not be relevant for very long, but I liked asking PDs about how they themselves and the program responded to COVID-19 and how it impacted resident training. It gave me a look into how workload changed for residents, what was expected of residents, how flexible the program can be in times of crisis, and how people work together/communicate. - SM

Interview Dinner/Social:

- Go if you can! It's important!!
- This is the time to get to know what the residents are like as people, not to ask nitty gritty questions about the program.
- This is where I felt like I got the most honest vibe about the culture of a residency program. Did the residents laugh with each other? Were kids at the dinner? If so, did the other residents play with their co-resident's kids? Were there dogs at the dinner? Were the resident's partners with them at the dinner? What was the house like? (Most dinners were at residents' houses, and this gave me an idea of what kind of housing residents can afford with their salary in the area.) For me, all of this information was just as important as the information about the program that I got during the interview, because I care a lot about being a happy well-rounded resident, and I want to enjoy being around the people who I'll be working with for 80+ hrs a week. - TJ
- If there's alcohol, don't drink too much (be attentive to how much residents/faculty drink). This will vary widely from program to program and even within programs depending on your interview date. Get to know as many residents and attendings as you can - don't assume that everyone will be like the 2-4 people you interviewed with.
- If your spouse/partner couldn't make it, get to know resident spouses/partners. Get a feel for how connected they are to the program (and to one another). Sometimes this "fit" is just as important as your "fit" with co-residents and attendings.
- Take note how many residents are at the dinners (and if there are any interns) and watch how everyone interacts. I felt like it was a really good sign for your future wellness if they had a solid turnout and all get along. -JN

SIGNIFICANT OTHER CONSIDERATIONS

- For many, choosing a residency is a shared decision. This can be a very natural situation, or a very tough one. Communication is key. If you have another person in the picture, you have to make sure their needs and wants are being addressed in the process, otherwise you may have a miserable 3 years.
- While programs cannot legally ask you about your relationship status, it will almost inevitably come up at interviews unless you intentionally avoid it. If you have a ring on your finger, you obviously can't hide that. I would suggest that if you have an SO in the picture, you bring it up during interviews. At FM programs, I found that they were interested in my SO and in finding out how my SO would "fit" in the residency community. Because my SO works in healthcare, program directors even volunteered to help her find a job if we match at their program. This is not atypical - especially in rural and community programs. If your SO is worried about finding a job or finding hobbies somewhere, bring it up in your interview and see what you can find out! -MP
- In brief, the things that my SO and I talked about included:
 - The job market in the community. Could he get a job? Doing what? Would it be a reasonable fit for his career and education, or would it be a step down?
 - The cost of living in the community
 - Could we live reasonably well off of my salary if he can't find a job for a while?
 - Recreational opportunities
 - Can he go skiing while I'm at work?
 - Distance from family - mine and his.
 - This doesn't just mean mileage- one place was only a three hour drive from one family, but three hours from the airport too. Another was a five hour drive from either family, but we could hop a plane and see either family in a couple hours if needed.
 - He had fortunately already been to one of the towns I was considering putting in my top 3. We arranged to visit the other two after my interviews so he could get a better feel for the place. -EC

THE RANK LIST

Tips:

- **Rank in order of preference, NOT where you think you will get a position.** Do not consider what you think the program thought of you. The NRMP has details on their website about why the match algorithm makes this the correct way to approach your rank list, if you are curious and/or love economic theory. Podcast from [Freakonomics](#).
- DO NOT consider Doximity rankings. They are poorly done and have no bearing on your educational quality or happiness. This is the SDN of residency applying...avoid it.

How we organized programs:

- Some people use meticulously detailed spreadsheets to help them with their rank list. Some go off of what their heart is telling them and what their gut feelings are. I'm a gut

feelings gal. I had a few things that were important to me (such as location, OB training, and underserved patient population, etc) but by and large I ranked based on what my overall impression of the program was and if I thought I'd be happy being there for the next 3-4 years of my life. This worked well for me - TJ

- I considered quality of education, quality of faculty, strength of procedural education, how much I liked the residents, the diversity of patient population, program ties to community health programs, access to recreation, access to mountains, proximity to family, number of quality breweries in town, cost of living, and my significant other's preference. I made a monster of a spreadsheet. Some people just make a list. -EC
- My spreadsheet categories were: overall impression, faculty & program director, curriculum, distance from clinic to hospital (I bike a lot), community/location/access to outdoors, hospital affiliation (minus points for Catholic for me), Peds training, OB training, RHEDI grant site, opportunities for Spanish speaking, EMR (plus points for all on EPIC), addiction medicine (looking for suboxone training programs), rural rotations, global health electives, and support staff. -KS
- Location and access to getting outdoors was very important for me, so after interviewing, it was helpful for me to mentally divide the programs into categories:
 - Would I like to train here?
 - Would I like to come back and live/work here in the future?
 - Would I like to just come back and visit and go hiking or mountain biking? -KS
- I made the big spreadsheet, took all the notes, and talked with others who interviewed but at the end of the day it just came down to "gut feel." I loved pretty much all of my interviews, and who wouldn't? Family Medicine is a welcoming environment with a lot of really cool people who are eager to not only get to know you but also want you to join them at their program. You were being interviewed for a reason, so be selfish and go to that place that had the all-you-can-eat meal card or the beach five minutes away or even that promise of a city-league sports team to play in. It's ultimately up to you and the small things matter. -JN
- There are so many great programs. You will get fantastic training at all of them. By choosing a certain type of program you are not closing doors to certain kinds of practice. Go where you think you will be the happiest not where your spreadsheet or your mentors think you should go.

Favorite Tips from residents:

- "Program directors are like dictators, make sure you like the one where you're going."
~Klamath Falls
- "You have a lot of choice in this process. Don't let anyone tell you otherwise." ~Coeur d'Alene
- "Figure out what you need from a program and make those things your priorities."
(access to state capitol for advocacy work, outdoor escapes, close family support, a new start, etc.) ~Grand Junction

AFTER SUBMITTING YOUR RANK LIST

Post-interview communication:

- About a week before the deadline, I got a flurry of emails and phone calls from programs. Although not necessarily ethical or even permissible by the NRMP rules, some programs contact people to try to get ranked higher. THIS IS HIGHLY VARIABLE PROGRAM TO PROGRAM. Some programs call their top ten. Some call their top 200 (and only go 50 people down their list). California programs all signed an agreement to not call anyone at all and made this known to applicants on interview days.
- It is VERY hard to have this sort of interaction not affect your decision making process. Getting a personal call from the program director asking if you have any questions and chatting about your day is a really nice feeling, once the shock wears off. But this is a tactic on the part of residency programs. View it as such, and do not let it change your decision making. It is certainly not a bad sign, but because of the way the Match algorithm works, it is not in your interest to rank a program that you like less but feel more certain you will match above a program you love and think is a long shot. My strategy was to treat these calls like an extension of my interview- be polite, have relevant questions ready, and express interest in/enthusiasm about the program without making specific promises.
- If a program calls you and it is genuinely your #1 (like, you have submitted your final rank list and are never, ever going to change it #1, not like you're waffling between your top 3 or so) it is perfectly reasonable to tell them so.
- I didn't get any phone calls from programs. But I did get many hand-written thank you cards in the mail, and many thank you emails from program directors and interviewers. Either way, it doesn't matter, because some programs won't reach out to applicants at all because that's their policy. So don't worry if you don't hear from a program after the interview, it doesn't mean they don't think you were awesome! - TJ
- Bottom line, don't let it sway you if you've already made up your mind. -TS

"Love letters" and "Like Letters":

- Love = you send an email telling a program that they are your #1
- Like = you send an email to your top 2-5 telling them you are 'ranking them very highly', 'would love to come there', and other noncommittal enthusiasms
- The downside of "like" letters is that if you don't specifically say "you're my #1", the programs now know that you're not ranking them #1. -CK (Note from FM Specialty Advisors: *we do not generally advise "like" letters.*)
- These seem to be more common in specialties other than family med. These are not to be confused with thank you notes/emails, which should be sent 24-48 hours after your interview to everyone you interviewed with and the program coordinator. I don't think love/like letters are necessary and every PD that has ever been asked about love/like letters swears up and down that they don't change their rankings based on them. BUT, if you are absolutely certain about your rank list, they probably can't hurt.
- DO NOT TELL MORE THAN ONE PROGRAM THEY ARE YOUR #1. Don't mess up UW's reputation for future students.

THINGS WE WOULD HAVE DONE DIFFERENTLY

- I booked interviews on back-to-back days and then couldn't make the resident dinners, missing out on meeting the residents in a less formal context.
- I booked some interviews in January that I really cared about, and I was exhausted by then. Interviewing gets less interesting and much harder around the middle of December.
- I applied to too many programs and then had to decline and cancel a few which felt absolutely awful. Afterward, I still had a long list of interviews that made for an exciting but tiresome interview season. The more programs you rank the better, but the longer the list the harder the rank will be. –JN
- Prior to choosing which programs you will apply to, reach out to programs again if you have new questions, or want clarification about something. I applied to several Texas programs because I have family there and the opportunities for my husband to find a job were great. However, when I got to many of the interviews, I realized they did not have good OB training and/or Peds training. Most programs will list their curriculum online, but how this actually looks in practice can be very different. 2 months of OB one place can look/be regarded VERY differently between programs. Make sure you are going to get the training you are looking for, BEFORE you apply to the program. - BC

PART II: SPECIAL SITUATIONS

(ALWAYS consult with a Career advisor/mentor - or more than one)

Dual Applying:

- Dual applying is a pain upfront but is a whole lot better than getting halfway through the interview season and then having serious second thoughts. It is much easier to decline an interview than to try to apply in another specialty late. Some tips from a student who applied in FM, EM, and EM/FM (and eventually chose FM):
- Tell as few people as possible. It is especially important that none of the FM programs get wind of dual applicants because the assumption is that you are applying to FM as a backup. I told my EM advisor and was open with my attendings (some of whom wrote me a letter for each specialty) but that was also probably not necessary.
- **Important note from FM Specialty advisors: PLEASE tell your FM Advisor if you are dual applying. We are not part of the selection process for any residency and will not share this information. We can give you better advice if we know.**
- You should never be asked during an interview where you have applied or whether you have applied to other specialties. This is against the match rules. If you're asked this, you can say something polite like "I'm unable to answer that." or "can't comment, sorry!" but it's awkward regardless of how you handle those against-the-rules questions when they happen.
- You can have as many personal statements and LORs as you want. And the programs you apply to cannot see the file names, so no worries there.

- I was told (by Mark Wicks, the now-retired UW guru of the Match) that most people who are truly undecided fall into one of three groups: either they decide right before they apply, right after they apply, or they get about halfway through the interview season and then the choice becomes clear. I was firmly in the third group and did not decide until mid-December; the most expensive of the three routes. I was very glad that I went through with dual applying, though, because it really did take me that long to realize that rural FM fit my interests more than community EM. The reassuring thing here is that Wicks says it almost never happens that students get all the way to February and genuinely cannot decide on a preferred specialty.

Couples Matching:

- Definitely work closely with **both** SOM and FM Advisors on this one. It requires more upfront planning and important conversations.
- As a family medicine applicant dual applying with someone not going into family medicine, you'll likely have to apply to programs in bigger cities (Seattle, Portland, Bay Area, etc) rather than in some of the smaller cities where you might get unopposed training. One way I've heard of to get around this is to broaden your geographic range of where you and your partner will be willing to match together (ex: Vancouver, WA and Portland, OR or Fort Collins, CO and Denver, CO).
- Tips from someone who couples matched into FM with partner matching into IM:
 - Be kind with each other throughout this initial program list-making process, it's not easy.
 - I wanted rural, full-spectrum FM training, but my partner wanted to be at an academic center. This was the hardest part of the couples match process – finding places we could both be happy. It took some hashing out of our “must-haves” plus some compromise, but in the end we found great options and matched at a place we are both super excited about.
 - Start drafting your program lists early– you will need time to discuss locations and program options
 - For anyone wanting rural/full-spectrum but with a partner who needs to be in a more urban setting) see Part III: specific program notes & other useful tidbits for a list of good full-spectrum programs in larger cities
 - You will likely have to broaden your search
 - Ex: if I had been applying alone, I would have just applied to rural/full spectrum programs in the WWAMI area. However, since there's only one academic IM program in the WWAMI area, we had to expand our search
 - How many programs to apply to?
 - It all depends on you and your partner's specialty and competitiveness. We were lucky in that FM and IM both have TONS of program options. That said, we still applied to roughly 2x as many programs as we would have had we not been couples matching. This number is pretty arbitrary though, and to be honest it was hard to pin down our advisors on an exact number we should shoot for.

- We worked mainly with our FM and IM advisors – we didn't find the general career advisors particularly helpful, but maybe others do. -MW

Failed Step Exam:

- Whether you failed STEP1, CK, CS, or even multiple exams, understand that your STEP score is not going to keep you from getting into a residency program, but it will make it harder to get as many interviews as your peers. Do not compare your situation to theirs.
- A FM Specialty Career Advisor will be incredibly helpful throughout this process and will be able to recognize how “competitive” you are despite this fail. They will be able to recommend how many programs to apply to, how many programs you should interview with, and how many programs to rank.
- Work hard and do as well as possible on your required rotations. A failed STEP exam or poor score can be offset by a strong performance on clerkships with outstanding remarks on your evals (MSPE). Use the shelf exams as practice to improve upon your test taking skills and to show you can do well on a standardized exam.
- Establish a strong support network that consists of an FM specialty career advisor, your college mentor, and anyone else that can speak highly of you. They will advocate for you and they will be there to help you succeed.
- Seek letter writers that know about your situation and can compare and contrast who you really are to what your score says about you. A strong LOR can really make an impact with residency programs.
- Touch on your STEP fail in your Personal Statement. Try to keep it brief but be clear what happened, and if possible, what you learned from it.
- Get involved. Membership and participation with the WAFP and/or other medical societies will help express your commitment to medicine.
- Sub-Is are opportunities to show that you are more than your score. Most programs will interview their Sub-I's regardless of their “numbers,” so aim for programs you are interested in and work hard. Having a strong LOR from that program can also help.
- Do a few mock interviews to help sharpen your skills. You want to perform as best as possible when you interview and you don't want to be caught by surprise with difficult questions.
- Have a quick and concise way of telling your story of what happened. You will be asked about this in nearly every interview. A program's primary concern will be about your ability to pass STEP3 and licensing exams. This is an excellent opportunity to paint a story about resilience as well.
- Most PDs told me that they didn't really care and that it wouldn't affect how they rank me, but they have to ask because it's technically a red flag. Some didn't ask me about it at all (I think it helped that it was in my PS). Others told me that they saw it as a strength, because students who have faced adversity early on ultimately make better, harder working residents. - CK

- Use the “ace up your sleeve.” Contact residents that you’ve met to help get interviews and talk to your mentors/faculty to see if they have any connections at programs you’re interested in. You can also contact residency programs prior to submitting your application in September, whether this is by phone, email, or visiting their booth at the AAFP National Conference so that they “remember your name” later. Be ready with appropriate questions. This is where your “network” will payoff.
- Don’t be afraid to call residency programs if you don’t hear back with an interview invitation after 2-3 weeks from when they can send interviews. Some programs will automatically “weed you out” just by your fail and not even read the rest of your application. A phone call can prompt them to do so and give you another look for an interview position if they like what they see.
- Remember, if you don’t get an interview from a program because of a failed STEP exam or low-score just remind yourself that a program that doesn’t want you there because of a number likely isn’t a program you’d like to go to anyway.

Low Step 1:

- You may be asked how you improved your score or what happened on step 1. Be ready to answer this question clearly, concisely and in a way that reflects insight and personal growth. Most programs will not raise this as an issue. A step 1 score in the 200-210 range is not a barrier to an application in family medicine, even to top programs, provided the rest of your application is solid and your step 2 score shows improvement. Do not restrict your applications due to a low step 1 score. Also, do not defend a low score unless you are asked about it. Don’t even bring it up. An interview is a time for you to highlight your strengths and to learn more about the program.
- NO ONE asked me about my step 1 score, and I never brought it up. -KS

Failed Course(s):

- Some interviews will ask you about this. The vast majority will not. Be ready to explain the course fail (“I misallocated my time to other courses during this finals week”, etc.) and spin it as a positive (“This experience taught me to prepare earlier for exams to avoid this situation in future”). One course fail with immediate passing remediation will not make a big difference for your application in family medicine. Having said that, do NOT ever raise this issue during an interview if you are not directly asked about it. Don’t create issues where there were none. -EC

Expanded Year:

- Be ready to talk enthusiastically and at length about the learning, personal and professional growth that occurred during your expanded year. Think carefully about any tough questions your interviewers could ask regarding your expanded year and be ready to spin them in a positive light. Practice these in a controlled situation (i.e. a practice interview) if necessary.

Other things that you may need to explain:

- Be open with advisors; seek advice early and often. If your assigned advisor is not helpful or responsive, find someone else. Be persistent in seeking quality advising and support.
- Do not walk into application season unprepared, particularly if you have a red flag on your application. Chances are there is a prior UWSOM student with a similar situation who has matched; the school should be able to connect you with them or advise you on your situation.

PART III: SPECIFIC PROGRAM NOTES & OTHER USEFUL TIDBITS

- Disclaimer: The lists and information below are subjective and only representative of the authors' experiences and interests. These lists are far from complete and should not be used as the only way that you select programs!
- Full-Spectrum FM (and yes, that is a broad term): To some it might mean "from cradle to grave" or getting to do as much as possible or even simply put "you get to do OB too." Many residency programs within WWAMI will state that they are Full-Spectrum, meaning they will train you in a variety of aspects in medicine. From surgery to obstetrics to pediatrics to trauma to you name it. If you're truly of the mind that you want to practice "Full-Spectrum," have an idea of what aspects of FM you truly want to have in your practice and ask about this at interview (especially ask the residents already there). Think c-sections, scopes, lap chole's, specific procedures, women's health, etc.
- "Rural Training Tracks" or RTT's: These are programs that are designed to support students interested in working in rural or doing "small-town" medicine. Most require doing your intern year at their home site and finishing your final two years at their RTT site. This is referred to traditionally as a "1+2". Also note that many WWAMI programs will offer "rural rotations" as well. Listed below are solid programs that are fairly broad in their training. This list is not exhaustive and remember, most WWAMI Programs try to be as "full-spectrum" as possible in general.
- Academic FM programs typically have fewer OB deliveries than community programs. There are a few exceptions to this (Stanford, Arizona, maybe UW?) but in general academic programs have an average of 30-60 deliveries while many community programs have an average of 50-100+ depending on how interested you are in doing OB. In any program, you can be aggressive to get more deliveries, but I did not want to have to work more hours or pick up extra shifts to get my numbers in. A number I was told to shoot for is 90+ deliveries if you want to be proficient by graduation. Ask programs how many deliveries residents get on average during your interviews. -MW

WWAMI Full-Spectrum FM for Urban Docs:

- University of Washington Family Medicine Residency
- Swedish Cherry Hill
- Swedish First Hill
- Tacoma Family Medicine – MultiCare (TFM)

- PTHA (Puyallup Tribal Health Authority, in Tacoma and is TFM's sister program) Residents do all their in-patient with the TFM team, out-patient is in the Puyallup tribal clinic. This is one of the only residency programs in the entire nation that is associated with a tribe/IHS - TJ

WWAMI Full-Spectrum FM for Rural Docs:

- Family Medicine Residency of Idaho (Boise, Magic Valley, Caldwell, Nampa)
- Alaska Family Medicine Residency (Anchorage)
 - Wilderness Medicine Training (like building a shelter in 10 feet of snow)
- Family Medicine Residency of Western Montana (Missoula + Kalispell RTT)
 - Provide OMT Training to MD's
- Family Medicine Residency of Spokane (Spokane + Colville RTT)
- Kootenai Health Family Medicine Residency (Coeur d'Alene)

WWAMI Full-Spectrum FM for Maybe Rural/Urban Docs?!: The best of both worlds.

- University of Washington Family Medicine Residency (Seattle + Chelan RTT)
- Swedish Family Medicine Residency Cherry Hill (Seattle + Port Angeles RTT)
- Northwest Washington Family Medicine Residency (Bremerton)

Amazing Full-Spectrum Programs Outside of WWAMI:

- Ventura County Medical Center (Ventura, CA)
 - Residents are the hospital workforce. From day one you will be doing trauma and codes, yes, you read that right.
- All 3 University of Arizona Programs (There are 2 in Tucson, and 1 in Phoenix)
- Contra Costa Family Medicine Residency (Martinez, CA)
- North Colorado Family Medicine Residency (Greeley, CO)
- University of Minnesota – Duluth
- Saint Joseph Hospital – Denver
 - Does not have the same reputation as Greeley, Ventura, or Contra Costa in terms of primary c-sections or trauma, but is a great program for someone wanting full-spectrum training in an urban area (good OB, great inpatient training). Huge Spanish-speaking population was a plus for me too. -MW
- Scripps Chulav Vista – San Diego
 - Community program with big emphasis on border health. Comparable to Swedish programs in Seattle in terms of breadth of training - MW

Full-spectrum family planning:

- Check out RHEDI--The Center for Reproductive Health Education in Family Medicine. They provide funding that allows institutions to offer full spectrum family planning training for residents (including LARC, terminations, etc.). The organization typically suggests that the training will be opt-out.
- See the following link for the most updated list of programs involved:
<http://www.rhedi.org/resources/programs.php>

Exceptional C-Section Track:

- Indiana University Family Medicine Residency (Muncie, IN)
- Providence Milwaukie + Hood River RTT
- University of Vermont Family Medicine Residency (Plattsburgh, NY)
- OHSU Cascades East Family Medicine Residency (Klamath Falls, OR)
- McKay-Dee (Ogden, UT)
- John Peter Smoth (Fort Worth, TX)
 - One of the largest FM programs in the country, and one of the best for procedural training

Surgical Obstetrics (ie: primary c-sections as a resident):

- I wanted to do a High-Risk OB Fellowship but quickly found out that you can gain the training to do C-Sections immediately out of residency if you go to the right place. Be cautious though, after learning this, I met several residents on par to graduate with outstanding C-Section training who still felt like they needed additional training and would highly recommend fellowship. There are also physician groups that will train you on the job for c-sections if they need you to do that for them. A clinic in Ronan, MT is one such place. -JN
- Greeley, CO
 - “If we were an OB residency, we would be in the third quartile for deliveries” - PD
- Klamath Falls, OR
- Twin Falls, ID (FMRI Magic Valley RTT)
- Colville, WA (Spokane RTT)
- Ventura, CA
- Kalispell, MT
 - 2 FM faculty practicing surgical OB + 5 OB/GYNs, great C-section opportunity for those interested
 - one resident on track for 30+; considering instituting OB track
- Tacoma, WA (TFM)
 - volume subjectively lower because of fellowship, still strong numbers
- University of Minnesota Family Medicine Residency (Duluth, MN)
- John Peter Smoth (Forth Worth, TX)

Academic FM:

- This can mean many different things-programs that emphasize teaching, leadership and policy, research etc. Don't let people talk you out of family medicine because you want to do these things! You may need to do some extra research and ask questions at interviews to get at these things-what support/training do you offer residents for teaching? Research residents and faculty who may be in leadership positions. How often do residents stay on as faculty? Look up if residents are publishing papers regularly. Look up research interests of faculty. Are residents able to get funding for research? Is there access to biostatisticians?
- UW
- OHSU (4 year program)

- UCSF
- UCLA
- UCSD
- University of Colorado – Denver
- Swedish First Hill and Cherry Hill- probably more leadership and policy than research
- Univ of UT
- All 3 University of Arizona Programs (There are 2 in Tucson, and 1 in Phoenix). The U of A program in Phoenix is internationally known for being highly evidence based, they do the AAFP podcast! U of A Tucson South Campus has a lot of awesome rural health opportunities that take residents all over southern AZ, and they have a lot of great opportunities for underserved communities. - TJ

Combined Residency Programs:

By Anna Smith, matched @ FM-Psych at Boston Medical Center (2021 grad)

- There are a handful of combined residency programs in Family Medicine and a 2nd specialty, such as Family-Psych (6 total programs) and EM-Family (3 programs). Programs here: [ERAS 2021 Participating Specialties & Programs \(aamc.org\)](https://www.aamc.org/eras/2021-participating-specialties-and-programs)
- Explore your specialties early in 4th year (I did a Sub-I each in IM, FM, and Psych). Also reach out to programs early about info sessions or recruiting events they may be having over the summer before applications are due. For Family-Psych, *definitely* attend the annual Association for Medicine and Psychiatry conference ([AMP](https://www.amp-psych.org/)) over the summer/early fall—this is a golden opportunity to network with current residents and discern if combined training may be a good fit for you.
- Double check application requirements for combined programs listed on their websites. You need LORs from both specialties. You MUST write a separate personal statement that genuinely speaks to “Why combined?” for the combined programs. A number of combined PDs I spoke to at [AMP](https://www.amp-psych.org/) said it reflects poorly on applicants if they just submit their categorical PS.
- Try to be as discerning as possible about your personal reason for “Why combined?” Why not just FM? Why not just Psych? You will be asked this by EVERY interviewer. “Because I like both and can’t decide” or “I don’t want to lose skills” are not compelling enough reasons for most programs, even if true for you. Combined training is long (5 years for FM-Psych) and programs are looking for genuinely passionate and motivated people who would be a good fit for such a long program. Your vision and motivation to pursue such an arduous journey is the most important factor for these programs.
- If you can answer “why combined” then apply. Don’t rule yourself out from these programs by thinking they are ultra-competitive. While this is true from a stats perspective (there are only 12 FM-Psych positions per year and the 6 programs interview ~25-30 people for 2 spots each), a lot of people apply “just to see” and decide during interviews that it is not for them. There’s also a number of people who think about applying, go to AMP, and then don’t apply. So! Apply to all 6 and know if you get interviews, your vision and motivation for “why combined” is more important in the end than board scores, grades, etc.

- It is a personal choice for what other categorical programs you apply to. You must apply to categorical programs because there are too few combined spots, and you need “categorical backup” to ensure that you match. Some people apply combined and just categorical FM or just categorical psych. Some combined plus both psych and FM programs. Some apply IM-psych, FM-psych, FM, Psych, and IM. My advice is, talk with career advising and pick whatever makes the most sense and whatever you have time/energy for. (Remember, separate PSs and combinations of LORs to upload and assign in ERAS). Combined programs understand there are too few spots, so they do not look poorly on people who apply to both combined and a categorical program at the same institution. However, I would NOT recommend applying to combined plus multiple categorical programs at the same institution (eg., FM-psych, family, and psych all at UC Davis) or applying to different flavors of combined at the same institution (such as IM-psych and FM-psych like at UC Davis). This is because the categorical PDs are very much involved in the combined program and the PDs definitely talk to each other. So if you apply to multiple specialties at the same place, it seems like you haven’t been discerning about your specialty. Lastly, it is totally okay to just apply to an institution’s combined program and none of their categorical. Sometimes they will count your combined interview automatically for either categorical program...or if you change your mind about combined. Just ask for this option if applicable to you.
- If you are set on combined training, you can do sequential residencies instead of a combined program. This is easier if you do family first, then psych, because you can start psych as a PGY2 and complete training in 6 years. It is harder to meet family PGY2 requirements coming from psychiatry, so if you match psych then do family residency plan on 7 years (but maybe miracles happen). Because of this, many people choose family medicine as their categorical backup.
- I would not adjust the number of categorical programs you are applying to and interviewing with. Think of the combined programs as special add-ons, and aim for the usual number of categorical interviews. For example, 10-12 categorical plus however many combined interviews you get. This is because there are so few combined spots and you want to have enough categorical interviews to still match.
- Some of these combined interviews span 2-3 days, even on Zoom. Most programs will split your interview time between the two categorical programs (1 day psych, 1 day FM) plus time with combined residents/faculty. For interviews, be prepared to interview in the style of FM *and* the other specialty (psych, EM, etc). This is another reason to connect with UW career advising so you can get interview prep materials for both specialties. In general, I felt most the FM-psych crowd skewed towards psych-style interviews, usually 30 minutes each that was very conversational, with a handful of targeted questions. Come prepared to each interview day having read their materials, googled your interviewers, and have at least 3 questions tailored to each person’s interests and position in the program (e.g. Don’t ask an older PD where’s the best nightlife in town. I saw that happen in a group and the response was “That’s a question for the residents.”) PD interviews are really helpful to understand how that specific program stands out from other combined programs and what they can offer you based on your specific interests.

Being prepared shows you are genuinely interested in their specific program, passionate about combined training, and are actively discerning if you'd be a good fit.

- I highly recommend ranking programs based on where you would be happiest in the long term, not just all combined at the top. I ranked some combined programs much lower than I anticipated because I did not want to spend 5 years in a geographical location and program that was a poor cultural fit for me.
- Many people (categorical attendings, residents, mentors, friends, family, etc.) will try to discourage or talk you out of combined training. Don't let them! Being dually trained and certified is such a special opportunity for you and even more so for patients. There is also growing support for combined training and job opportunities to practice both. Stay imaginative and stay encouraged!

Best of luck with the rest of medical school, the Match, and beyond!

CONTRIBUTORS & CONTACT INFO

Elizabeth Conway E13 (AK)

conway.liz@gmail.com

Alaska Family Medicine Residency, Anchorage, AK

- Interests: public health, injury prevention, rural emergency care, telemedicine.

Kelsey Sholund E13 (WA)

kelsey.sholund@gmail.com

Swedish Cherry Hill/Port Angeles RTT, Seattle/Port Angeles, WA

- Interests: Full spectrum FM w/ OB, rural practice, addiction medicine, reproductive health, wilderness medicine.

Matt Peters E13 (ID)

petersma.2@gmail.com

OHSU Cascades East Family Medicine Residency, Klamath Falls, OR

- Interests: Physician advocacy, surgical obstetrics, primary care dermatology, addiction medicine, point-of-care ultrasound, outpatient procedures.

Anthony Markuson E14 (MT)

anthony.markuson@gmail.com

Family Medicine Residency of Idaho - Magic Valley RTT Boise/Twin Falls, ID

- Interests: Rural and underserved, women's health, surgical obstetrics, local, state and national advocacy, addiction medicine, point-of-care ultrasound, and wilderness medicine.

Emily Jones (WA)

jonesemilye@gmail.com

Swedish Cherry Hill, Seattle, WA

Joey Nelson E-14 (Spokane, WA)

jnelson0024@yahoo.com

University of Washington – Harborview Clinic (Seattle, WA)

- Interests: Rural, broad-spectrum care, including High-Risk Obstetrics; Native American healthcare, Point-of-Care U/S, Teaching and Mentorship, Health Administration, Basketball, and Fishing!

Claire Simon (WA) E-15

clairebs@uw.edu

University of Washington – Harborview Clinic, Seattle, WA

- Interests: Urban underserved, addiction medicine, women's health, teaching and mentorship, clinical research.

Brittany Cooper (WA) E-15

brittc7@uw.edu

Valley Medical Center – Renton, WA

- Interests: Maternal/Child Health, obstetrics, palliative care, teaching and mentorship, community service

Taylor Simmons (TS) E-16 Idaho WWAMI taysim12@uw.edu

Family Medicine Residency of Western Montana -- Kalispell, MT

- Interests: Rural Medicine, Reproductive Health, Obstetrics, POCUS, Nutrition

Angela Bangs (AB) E-16 Montana WWAMI angela.c.bangs@gmail.com

Family Medicine Residency of Idaho - Boise, ID

- Interests: Rural/Underserved, Behavioral Health, Advocacy

Carolyn Knackstedt (CK) E-16 AK WWAMI ck29622@uw.edu

Family Medicine Residency of Idaho - Nampa, ID

Tiffany Jenkins (TJ) E-16 Seattle/OR jenkinsmd25@gmail.com

UW Family Medicine Residency -- Seattle, WA

- Interests: Full-spectrum with OB and Psych, Underserved, Medical Humanities, Teaching and Mentorship, Native American Healthcare, Global Medicine, Addiction

Alexandra Davis (AD) E-16 Alaska WWAMI steepsnowyslopes@hotmail.com

Providence Alaska Family Medicine Residency

- Interests: Rural, Women's Health, & Palliative Care

Sarah Maze (SM) E-17 Wyoming WWAMI maze.sarahe@gmail.com

Family Medicine Residency of Idaho – Boise

- Interests: maternal child health, OB, rural, full-spectrum

David Olsen (DO) E-15 Seattle cerebrum206@gmail.com

University of Utah – Salt Lake City

- Interests: Primary care outreach for monolingual Latinx patients, reducing adverse outcomes in high-risk pregnancies, surgical OB

Marisa Wickerath (MW) E-17 Spokane WWAMI mjwickerath@gmail.com

Saint Joseph Hospital – Denver

- Interests: Rural, full-spectrum, Spanish-speaking populations, Health equity/Advocacy

Anna Smith (AS) E-17 Seattle WWAMI anna.smith@bmc.org

FM-Psych at Boston Medical Center

APPENDIX

Appendix A:

- Activity Tracker
- Download a copy to your computer; DO NOT EDIT THE ORIGINAL:
https://docs.google.com/spreadsheets/d/1FB1g56w_k_jN9Nx2UxFZbHxCFqjAujSx5WYFo-UtlDU/edit?usp=sharing
- Might as well start using it - you will need to keep track of your activities throughout your professional career to ensure an accurate and updated application, resume, and curriculum vitae. -AM

Appendix B:

- Residency Program and Interview Tracker (Programs, Application, Interviews, and Rankings sheet)
- Download a copy to your computer; DO NOT EDIT THE ORIGINAL:
<https://docs.google.com/spreadsheets/d/1dAzgNsWSGLa4r0wUNT-kCuOzOPDBUSa4VMV8csoEqM/edit?usp=sharing>