

GUIDE TO APPLYING IN Family Medicine for UWSOM 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: Some information in this guide is based on in-person activities and interviews that may not apply. We have *grayed out* sections that may be less relevant this year.

Contributors:

Brenna Cockburn E-19 (Montana)	<i>St. Joseph FMR– Denver, CO</i>
Trinell Newby (TN) E-19 (Spokane)	<i>Spokane- Colville RTT</i>
Lara Westbrook E-19 (Seattle)	<i>OHSU – Portland, OR</i>
Christopher Yang E-19 (Seattle)	<i>Valley Medical Center -- Renton, WA</i>
Hailey Gunningham E-18 (Seattle)	<i>Family Health Centers of San Diego, CA</i>
Leah Heindel E-18 (Seattle)	<i>Sutter Med Ctr of Santa Rosa-CA</i>
Melanie Langa E-18 (Seattle)	<i>Swedish Port Angeles RTT, WA</i>
Hannah McKenna E-17 (Spokane)	<i>UWFMR- Seattle, WA</i>
Sarah Maze E-17 (Wyoming)	<i>FMRI – Boise, ID</i>
Anna Smith E-17 (Seattle)	<i>FM-Psych at Boston Medical Center</i>
Marisa Wickerath E-17 (Spokane)	<i>Saint Joseph Hospital – Denver</i>
Angela Bangs E-16 (Montana)	<i>FMRI – Boise, ID</i>
Alexandra Davis E-16 (Alaska)	<i>Alaska FMR, Anchorage, AK</i>
Tiffany Jenkins E-16 (Seattle)	<i>UWFMR – Seattle, WA</i>
Carolyn Knackstedt E-16 (Alaska)	<i>FMRI – Nampa, ID</i>
Taylor Simmons E-16 (Idaho)	<i>Western Montana RTT FMR – Kalispell, MT</i>
Brittany Cooper E-15 (Spokane)	<i>Valley FMR – Renton, WA</i>
David Olsen E-15 (Seattle)	<i>University of Utah – Salt Lake City</i>
Claire Simon E-15 (Spokane)	<i>UWFMR – Harborview Clinic (Seattle, WA)</i>
Emily Jones E-14 (Spokane)	<i>Swedish Cherry Hill FMR, Seattle, WA</i>
Anthony Markuson E14 (Montana)	<i>FMRI - Magic Valley RTT Boise/Twin Falls, ID</i>
Joey Nelson E-14 (Spokane)	<i>UWFMR – Harborview Clinic (Seattle, WA)</i>
Elizabeth Conway E13 (Alaska)	<i>Alaska FMR, Anchorage, AK</i>
Matt Peters E13 (Idaho)	<i>OHSU Cascades East FMR, Klamath Falls, OR</i>
Kelsey Sholund E13 (Seattle)	<i>Swedish Cherry Hill/Port Angeles RTT, Seattle/Port Angeles, WA</i>

TABLE OF CONTENTS

THE BASICS	3
WHY FAMILY MEDICINE	4
PART I: DETAILED ADVICE TIMELINE	
DURING 3RD YEAR	5
SUMMER AFTER 3RD YEAR	
Write Your Personal Statement	6
AAFP National Student and Resident Conference	7
Request Letter of Recommendation(s)	8
PROGRAM SELECTION	9
ERAS ASSEMBLY & SUBMISSION	11
SCHEDULING INTERVIEWS	11
INTERVIEW LOGISTICS	13
Scheduling	13
Accommodations	14
Flight booking tips	18
INTERVIEW FASHION TIPS	15
The Essentials	16
Men	16
Women	16
Genderqueer Attire	17
INTERVIEW DAY TIPS	17
SIGNIFICANT OTHER CONSIDERATIONS	19
THE RANK LIST	
Tips	20
How We Organized Programs	20
AFTER SUBMITTING YOUR RANK LIST	
Post-Interview Communication	21
"Love Letters" and "Like Letters"	22
THINGS WE WOULD HAVE DONE DIFFERENTLY	22
PART II: SPECIAL SITUATIONS (ALWAYS consult with an advisor/mentor - or more than one)	
Dual Applying	23
Couples Matching	23
Failed Step Exam	24
Failed Course(s)	25
Expanded Year	25
Other Things You Might Need To Explain	25
PART III: SPECIFIC PROGRAM NOTES & OTHER USEFUL TIDBITS	
Full-Spectrum FM (and yes, that is a broad term)	26
Full-Spectrum Family Planning	28
C-Section Track	28
Surgical Obstetrics (ie: primary c-sections as a resident)	28
Academic Family Medicine	29
Combined Programs	30
CONTRIBUTORS & CONTACT INFO	32
APPENDIX	33

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 Ivan Henson (ivanodin@uw.edu) 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 average UW student is advised to 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.
- 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. However, more programs are moving toward 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 (“Who are you and why FM?”) 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.
- 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?

Read this article on Family medicine as a [countercultural movement](#) in medicine focused on relationships and social justice - LW

- “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
- “It’s the ONLY specialty that has actually proven it increases the life expectancy of its patients!... 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. – 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)
- “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, 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.” -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, pediatrics...I found myself 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. Furthermore, I have a passion for social determinants of health, rural and underserved medicine, and advocacy” -AM
- “I kept coming back to my ability to develop strong, long-term relationships with patients and their families.” - AB

PART I: DETAILED TIMELINE

DURING 3RD YEAR

Required Clerkships:

- Do well. 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.

Sub-I's:

- Any program in the WWAMI network is considered a "UW" sub-I (not an away). UWSOM Department of FM (Ivan Henson) arranges WWAMI sub-I's. The WWAMI programs are definitely the easiest to arrange and involve the least amount of paperwork.
- There are lots of opinions about timing. 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 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:

- You can go outside of the WWAMI network (through VSAS) 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). If there is a program that you really want, 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.

Get involved:

- Get involved with FM organizations: AAFP, STFM, WAFP, KCAFP, NRHA (rural), or other state organizations. It's 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-I's, 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.

- During 4th year the world is your oyster! Make your own elective if you're interested in getting exposure to a specific patient population. I reached out to Dr. Lara Strick (ID doc who does a lot of correctional medicine) who I did an elective with during MS1, and spent a month at Gig Harbor, the largest women's prison in Washington. I also spent 2 months in Kenya doing a 6 week rotation in Mombasa and 2 weeks of traveling the country, 8 weeks at the Seattle Indian Health Board, the only urban Native American clinic in the country, and I got to participate in a women's sweat and learn from traditional Indian medicine healers. It may take a little extra planning, but use your elective time to do things you love. - TJ

Keep track of your activities:

- Keep track of extracurriculars (Appendix A: sample tracker format). You will need these for ERAS. Finish UW Pathways.
- Update your resume/CV as often as you can.

Step 2 CK:

- Study for Step 2 throughout the year. Most UW students take 2-4 dedicated weeks to study before the exam.
- Resources: UWORLD (during third year and again during dedicated), Sketchy, Online MedEd.
- Step 2 is an important test, especially now that Step 1 is P/F. You will be exhausted from 3rd year and will encounter burnout having to study for another STEP exam, so don't forget to pace yourself and practice self care.

4th year schedule: [\[TS1\]](#)

- Plan time off for interviews in your MS4 schedule! For virtual interviews, most students took 4-6 weeks off in the fall. The busiest time for interviews is mid-October - mid-December, but there are also interviews in January.

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 know 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).

- Don't forget though that the PS 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 PS was too out there by a letter writer. I decided to stick with it because I felt if a program didn't like my PS I didn't want to end up there. I was told at multiple interviews that my PS was the favorite they read all year.
- This is one of the few times when you get to show programs WHO YOU ARE rather than what you have done. I am an artist and I used my PS 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 • **GO TO IT!!! – by all**

- 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.
- Pick 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. I asked questions similar to 'In light of how demanding residency is, how 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.
- Dress is business casual. Bring a smile and your best WWAMI-land stories. I took notes after talking to each program and kept all the business cards. They came in handy later 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 AFP) especially if you book your hotel 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
- Use TexasSTAR to research programs in addition to visit websites. -CY
- **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:

SUMMARY: Ideally get 4-5+ letters from physicians (1-2 family docs) who can write a strong recommendation. Help them by providing your PS (rough draft ok), CV and 1+ stories of a meaningful patient interaction. Start reminding writers EARLY before the deadline and follow up often. Thank them and keep them updated on where you end up :)

- 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.) – AB
- 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
- I had about 6-7 letters, with 2-3 from specific residency programs. 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.
- 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.
- Send letter-writers 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.
- I underestimated the impact of LOR on my application. My “strong” letters were mentioned in almost every interview that I had. Additionally 3 out of 4 of my letters came from outside of FM, so don't be afraid to ask people during your favorite 3rd year rotations or on 4th year electives.

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, 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 XX. (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 XX. 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 specialty advisor about your competitiveness and # of programs to apply to. Typically, a UWSOM student is advised to 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. 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.
- TexasSTAR (you will get emails about this) is nice to get a general sense of some basic statistics associated with each program (average scores, number of research/service activities, etc.)

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

- Location
 - Easy way to narrow it down, but location isn't everything. Many UW students apply in the northwest. FM practice and training looks different in every region.
 - Consider family obligations and priorities. 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. Rural programs can sometimes fit this mold.
 - 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? While every program has to meet core ACGME training guidelines, every program is different.
 - For primary c-sections, termination services, suboxone, or point-of-care ultrasound, ask about training in these areas.
- Unique Emphasis
 - Some programs care for unique populations or have other non-clinical emphases "Areas of Concentration". For instance, if you are interested in tribal health, wilderness medicine, or public health, look for programs that address your area of interest.
- 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.
- Competitiveness
 - Talk to your advisor and look at average scores, research, grades. This should not be the only factor in your decision-making, but still important to discuss.

ERAS ASSEMBLY & SUBMISSION

The most important part of your ERAS application is submitting it on time

Completing your application:

- Your ERAS is complete when it has your personal info, activities, honors, publications, education info, personal statements, Step scores, etc. 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 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. Make it descriptive and interesting. Even the most obscure hobbies will come up 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 popular in interviews.- TS

Be prepared to back it up:

- Do not lie/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 (2023 interviews are likely primarily virtual)

SUMMARY: Most invites happen within a month (Oct) and academic (e.g. UW) programs will take longer. Do what you need to do in order to not miss emails (create a new account, set reminders, inform your team/attending that you may need to use your phone, ask your partner/friend/family to help). Keep organized regarding availability (spreadsheet, Google calendar, etc) since you want to **AVOID** a last minute conflict. If you have not heard from a program after hearing back for a while, call/contact the program director to express that you're still interested.

- 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

- Check your email throughout the day in Sept. I turned on vibrate email notifications on my phone. Make sure your attendings know why you are checking your phone constantly. I missed out on a couple of better dates because I was scrubbed in the OR, but it all worked out in the end.
- General consensus from the 2022-23 interview season was most people had received several interviews in the first week, and 60-70% of their interview invites within a month. Several programs notified applicants that they were going to take more time to respond so they could read more fully. Academic programs take a little longer to offer interviews.
- Programs can be 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 quickly.
- Keep track of programs in a spreadsheet (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 enlisted my SO to assist on days when I knew I couldn't step away. 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 - 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
- If mid-Oct 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. 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 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 that this happened to them as well.
- Scheduling interviews was different depending on the program -- online through ERAS, an online scheduling system or other platform like Thalamus, and some through the phone. Kind of annoying to navigate, but just make sure you're keeping track of all of them in one area. – TS
- 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.

INTERVIEW LOGISTICS

SCHEDULING:

- 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
 - I found by my 10th or so interview I was feeling pretty tired of the whole process. I thought one warm up and then the programs you're excited about at the beginning felt like the right balance for me.
 - It was surprising how tiring virtual interviews were even though you're at home for these. Consider limiting yourself to 2-3 a week with some break days
 - Most programs dedicated 2 days per week for interviewing (eg. every Tuesday and Friday during the season) which made it really hard to condense interviews into only one month as most programs I interviewed at were on Tuesdays and Thursdays. I did 12 interviews from October to January, and was never able to schedule more than 2 in a week based on what was available when signing up.

VIRTUAL INTERVIEW FORMAT

- The virtual interview format was often a short welcome from the program director, a presentation about the program strengths and then some mix of breakout rooms with interviewers and applicants in each one. I had a few programs that did a Q and A with residents or a lunch associated with the interview rather than a separate social hour
- Usually the program coordinator ran the zoom session and pulled people in and out of the breakout rooms. There were relatively fewer technology snafos than I expected although being ready for those is important! People recognize that it's inevitable on Zoom, so I wouldn't sweat it too much.
- I had a few programs with group interviews (several applicants with one or several interviewers in them) which I found a little unpleasant. It's hard to strike a balance of interacting with other people's thoughts and sharing your own on zoom

SOCIAL EVENTS

- There were mixed reviews and mixed strategies as far as virtual socials. Some people attended them all, some people went to none of them
 - Believe people when they say they are optional
 - Be ready for some unusual platforms (aka not zoom)

- Some programs had different breakout rooms for different topics, which was helpful to give things some structure. Otherwise sometimes they felt awkward
- Overall I did not find the virtual social events helpful, most of the residents were not very engaged and they didn't have a clear format. And if it was after the interview day I felt like I had no more questions and was just wasting my time.
- I found the virtual social events very tiring. I often ended up signing on to these after a day of interviewing on zoom and felt drained and not that excited to keep interacting with new people.
- My favorite virtual socials were the ones that had a pretty explicit agenda or breakout rooms for people who wanted to talk about certain things.
- I expected that people would be on time for these as they are kind of part of the interview, but I was often the only person there right at the beginning, which I wasn't expecting.
- Many programs I interviewed at did not do a general "second-look", but did have casual, themed information sessions like "LBGTQ care at *** program" or, "Moving to **City". Some did these kinds of sessions throughout the interview season as well
 - This was largely changed for the 2022 season. Nearly all programs I interviewed at (largely in WWAMI) had in-person second looks. I was out of the country for GHCE during the second looks for my top programs, and I wish I would have been able to attend to get a better feel for the program's "vibe." Programs will likely (should) submit their rank lists before they have second looks so it does not affect your rank position if you attend/don't attend.

Accommodations: (In case some interviews/second looks are in-person)

- This varies widely, but some programs will pay for a night or two at a hotel, some will offer resident homestays, and help with transportation costs. These are generally rural programs. If there is a UW grad at the residency, you can 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? Consider getting a hotel room to relax and decompress.
- 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. 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 and VIRTUAL SETTING TIPS (In person-interview-related comments grayed, 2023 interviews are likely to be primarily virtual)

- I took advantage of Zoom and wore a dress with a blazer and leggings and slippers during all of mine!
- This is the way! I wore yoga pants that matched with my blazer and could look like proper pants at a quick glance, just in case I had to stand up at any point during the interview.
- Get a ring light, they are super cheap and made a huge difference especially because the natural light in Seattle winter is bleak.
- Make sure your camera is at a good angle, saw several people with the up-nose shot because their laptop was way below them.
- I found it helpful to join a Test Meeting on Zoom (or whichever platform was used during the interview) about 10 minutes before joining each interview to ensure that lighting, camera angles, audio/video settings, physical appearance, and background were appropriate and to my liking.
- Some people in interviews had clearly spent a ton of effort curating a nice background with interesting things behind them. I did not, but made sure I had a clean wall with just my normal furniture behind me. I was very annoyed at the people pulling their guitar/ukulele off the wall to play us a song on zoom, please don't do that.
- If you do have interesting things in the background, be prepared to answer questions/briefly talk about them. I have plants all over my apartment, so having them in

the background was unavoidable. Almost every interviewer I had commented on the plants at the beginning of the interview. In many cases, it was a nice way to break the ice, discuss hobbies/interests, and ease into the more serious interview questions that followed.

In-person fashion 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.
- 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.

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.
- 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.
- 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.
- 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?

Genderqueer Attire:

- 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

INTERVIEW DAY TIPS

● **SUMMARY:** While most interviews are fairly informal (“what do you want to know?”), be prepared for a few behavioral or case-based questions which just try to elicit your thought process. Develop a substantial list of questions (there is a lot of time for this) you can ask every program to compare their answers. Take notes.

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. Have a few that show your interest in that specific program.

- List of questions to ASK from AAFP [here](#)
- It can be helpful to do a quick Google search of “common FM residency interview questions”, because while most of my interview questions were standard I did get a couple off the wall questions (ie teach me how to do something in under 5 minutes), and I was prepared with an answer because I had thought through answers to more obscure questions.
 - This [link](#) has actual questions that applicants were asked, along with a plethora of information about programs compiled by applicants.
- Some interviews are very informal and you just chat about whatever you feel like. Be prepared for this and have questions so you could potentially lead the entire interview. Many programs have moved to more standardized interviews to be more fair and avoid bias. In these interviews you will have multiple interviewers ask you specific questions.
- Behavioral questions (tell me about a time you... worked well as a team, made a mistake, worked with someone from a different background than you) are HARD. It’s difficult to come up with a good answer on the spot. Make a list of 10 behavioral questions and come up with stories for them. Even if you don’t have a story for the specific question, you can usually adapt a story that you have for another question.
- I found it extremely helpful to practice mock interviews with mentors/SO/family. They helped me tighten my responses so much!! I was only asked on average about 2-3 behavioral health questions per interview and they were similar; my 2-3 stories were more than enough. - AB
- FM 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.

- Have LOTS of questions prepared. Some interviews were mostly time for the applicant to ask questions. It's good to have some questions you can ask everyone and some you can tailor to the interviewer or the program.
- Consider asking about the program director, parental leave, how programs have supported residents through certain challenges and how this program is different than others where people have worked or taught
 - Show up to every interview PREPARED. This means reading their entire website, jotting down things that stand out and coming up with questions to ask. You will notice other applicants look foolish asking a question that was obviously on the website. 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.
 - If you have blank space during your interview or you finish early, bring up something from your application that you haven't talked about yet. This can be a nice opportunity to highlight something you're excited about or want to share. You can ask lifestyle questions and/or try to get to know the interviewer as a human. -SM
 - Reach out to UWSOM grads at each program, but realize that the reasons they chose it might be 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

Keeping track of your thoughts:

- Take extensive notes right after each interview. They will all start to run together -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 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 speak louder than words on paper. - TS
- Record your authentic thoughts about the interview as soon as possible —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?

- What is the next step your program is taking to improve resident training? -AM
- What are your personal plans as program director? - TS
- I liked asking PDs about how the program responded to COVID-19 and how it impacted resident training. It gave me a look into how workload changes, what was expected of residents, how flexible the program can be in times of crisis, and how people work together/communicate. - SM

In-person interview Dinner/Social: *Note from FM advisor: Some programs may have hybrid interviews.

- 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 program. Did the residents laugh with each other? Were kids at the dinner? Were there dogs at the dinner? Were the resident's partners with them at the dinner? 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). 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.

SIGNIFICANT OTHER CONSIDERATIONS

- For many, choosing a residency is a shared decision. 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. I would suggest that if you have an SO in the picture, you bring it up during interviews. At FM programs, they were interested in my SO and in figuring out how they would "fit" in the residency community. Because my SO works in healthcare, PDs even volunteered to help her find a job if we matched at their program. This is not atypical - especially in rural and community programs. -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, and not just mileage- one place was a 3-hr drive from one family, but 3 hr from the airport too. Another was a 5-hr drive from either

family, but we could hop a plane and see either family in a couple hours if needed.

Getting SOs Involved With Virtual Interviews:

- Set aside time to go over your program/match list, thoughts on programs, etc with your partner. During application season it can be easy for residency to bleed over into all your conversations, so this helped with boundary setting and open communication.
- It's totally okay to have your partner drop in to a virtual happy hour if they want to be involved
- I recorded voice memos to myself after every interview and let my partner listen to them if they wanted to bring them into my thought processes
- A partner who cares about you may find it easier to assume that you'll get your top program and everything will work out perfectly than an overthinking medical student will. Be direct in prompting your partner to think seriously about the desirability of moving to various places on your rank list. When you're not actually traveling it can be harder for partners to internalize how real the process is until its time for actually ranking
- If you're seriously considering a geographic area, I'd recommend visiting if able. Even outside of the benefit to your personal decision-making process, it was huge in helping my partner and I visualize our life in that area and helping them mentally prepare.
- Some programs had second look programs that were in person. It's also worthwhile just to go visit a place to get a sense of it.
- We found it helpful to connect with UW alums/current residents who were partnered or had similar circumstances to ours to talk over phone/Zoom

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 the match algorithm. 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:

- I'm a gut feelings gal. I had a few things that were important to me (location, OB training, and underserved patient population, etc) but I ranked based on my overall impression of the program and whether I'd be happy there. - TJ
- I made a monster of a spreadsheet. 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.. -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 EPIC), addiction medicine (suboxone training), rural rotations, global health electives, and support staff. -KS
- Location and access to outdoors was important, so I mentally divided 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 welcoming, with really cool people who are eager to get to know you and want you to join 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. 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.

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": *Note from FM Advisors: *we do not generally advise "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
- These seem to be more common in specialties other than FM. 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.
- 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. -JN
- Make sure you are going to get the training you are looking for, BEFORE you apply to the program. 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. - BC

PART II: SPECIAL SITUATIONS (ALWAYS consult with a SOM/FM Career Advisor)

Dual Applying:

- **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.**

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 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.
- 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 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 is that it almost never happens that students get all the way to February and genuinely cannot decide on a 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 FM applicant dual applying with someone not going into FM, 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 the 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.
- Draft your program lists early– you will need time to discuss locations/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
- 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 it was hard to pin down our advisors on an exact number we should shoot for.

Failed Step Exam:

- Whether you failed STEP1, STEP2 or even multiple exams, understand that your STEP score is not going to keep you from matching, but it will make it harder to get as many interviews as your peers. Do not compare your situation to theirs.
- With a failed STEP exam, it can feel as though you have no agency in the residency application/MATCH process. The best way for me to combat this was to be proactive about seeking help/utilizing available resources as early as possible. Having people on my team to help create sound plans/strategies and think through if/thens at each step was essential to helping me feel more in control, shift/reframe a red flag into a strong point of my application, and ultimately, create a rank list that reflected my preferences.
 - A FM Specialty Career Advisor will be incredibly helpful throughout this process. They will recommend how many programs to apply to, interview with, and rank.
 - 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 evals. Use shelf exams 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 contrast who you really are to what your score says about you. A strong LOR can really make an impact.
 - 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 help.
- Do a few mock interviews; you want to perform your best 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 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. You can contact residency programs prior to submitting your application in Sept (phone, email, or visiting their booth at the AAFP National Conference) so that they "remember your name" later.
- 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.
- 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.

Failed Course(s):

Some interviews will ask you about this. Most 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 about the personal and professional growth 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).

Other things that you may need to explain:

- Be open with advisors; seek advice early and often. If your assigned advisor is not helpful/responsive, find someone else. Seek 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.

PART III: SPECIFIC PROGRAM NOTES & OTHER TIDBITS

Disclaimer: The information below is subjective and represents the authors' experiences and interests. They are far from complete and should not be the only way that you select programs!

- Full-Spectrum FM: To some it might mean "from cradle to grave" or "you get to do OB too." Most residency programs within WWAMI will state that they are Full-Spectrum, meaning they will train you in a variety of aspects in medicine. Know 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. Ask about specific skills you might get training in and don't assume anything with the full-spectrum label.
- **"Rural Training Tracks" or RTT's:** These are programs that are designed for working in rural areas or doing "small-town" medicine. Most require doing intern year at their home site and the final two years at their RTT site. This is referred to traditionally as a "1+2". Note that many WWAMI programs will offer "rural rotations". 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). In general academic programs have 30-60 deliveries while many community programs have 50-100+ depending on how your interest 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. -MW

[WWAMI site listing all the FM residency programs](#)

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) 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
- Full Circle Boise/ Nampa

WWAMI Full-Spectrum FM for Rural Docs:

- Full Circle Health (formerly FMR 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)
 - Colville RTT- procedure heavy (think ED/FM), scope opportunities (TN)
- 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)
- Spokane Family Medicine Residency
- (Full Circle Health) Family Medicine Residency of Idaho - Boise: they have the Emerald Clinic which is a really cool urban underserved clinic, but also offer full-spectrum training and rural rotations

Amazing NorCal/Bay Area Programs:

- Sutter Santa Rosa FMR:
 - Very full spectrum and well-established program with strong OB with clinic based out of a FQHC (large Spanish-speaking population). A RHEDI program
- Contra Costa (Martinez, CA)
 - Well known for strong obstetrics (esp surgical, 1^o CS), procedural and inpatient heavy training (similar to Ventura), POCUS. Also a RHEDI program
- UCSF
 - Great choice for someone interested in urban underserved, social justice, and academic training. Almost all rotations at the SF county hospital. OB historically a weak area but seems to be improving.
- Kaiser Napa-Solano
 - Most full spectrum, well-rounded, diverse, and community-oriented of the many NorCal Kaiser programs I looked into
- Sutter Sacramento
 - Pretty well rounded full spectrum program with new rural track, opportunities for political advocacy in Sacramento
- Dignity Health Sacramento
 - strong in hospital/critical care med with tons of inpatient procedures in community with diverse international pt population, weaker OB but could be great for ppl interested in hospital medicine
- Lifelong
 - Strongly clinic first/less inpatient heavy, but strong emphasis on community medicine

Amazing Full-Spectrum Programs Outside of WWAMI:[\[TS5\]](#)

- Ventura County Medical Center (Ventura, CA)

- FM residents are the hospital workforce. From day one you will be doing trauma and codes, yes, you read that right. Their outpatient training is not as strong.
- All 3 University of Arizona Programs (There are 2 in Tucson, and 1 in Phoenix)
- North Colorado Family Medicine Residency
 - Sterling (RTT), Wray (RTT), and Greeley (TN)
- 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 Chula Vista – San Diego
 - Community program with big emphasis on border health. Comparable to Swedish programs in Seattle in terms of breadth of training - MW
- Contra Costa - Martinez, CA
- OHSU –
 - Portland: Well established 4 year program which combines full-spectrum training with academic training. The extra year allows you to do it all! - LW
 - Klamath Falls- Cascades East: Full spectrum, great OB, MAT training (TN)

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. updated list:
<http://www.rhedi.org/resources/programs.php>
- Make sure you ask programs about whether their abortion training is integrated into clinic or purely in elective time, if that's important to you!

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

OB training "[This link](#) was very helpful and pretty accurate from my research"

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 (FCH Magic Valley RTT)
- Colville, WA (Spokane RTT)
- Contra Costa, CA
- Ventura, CA
- Kalispell, MT
 - 2 FM faculty practicing surgical OB + 5 OB/GYNs, great C-section opportunities
 - 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. Ask questions at interviews -what support/training do you offer residents for teaching? Research residents and faculty 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 with integrated capstone project)
- 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 (2 in Tucson, and 1 in Phoenix). U of A program in Phoenix is 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

FM-Psych 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)
- 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.
- 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

Brenna Cockburn (BC) E-19, Montana WWAMI brenna.cburn@gmail.com
 St. Joseph Hospital– Denver
 Interests: Care for urban underserved populations, spanish-speaking populations, global health, community oriented primary care

Trinell Newby (TN) E-19, Spokane WWAMI trinellnewby@gmail.com
 Spokane- Colville RTT
 Interests: Rural underserved populations, full spectrum (scopes/ surgical OB), addiction medicine/ MAT

Lara Westbrook (LW) E-19 Seattle WWAMI lkap.westbrook@gmail.com
 OHSU – Portland Family Medicine Residency
 Interests: full-spectrum, QI, spanish-speaking populations, refugee/immigrant health, reproductive justice, addiction medicine

Christopher Yang (CY) E-19 Seattle WWAMI cjwyang@gmail.com
 Valley Family Medicine -- Renton, WA
 Interests: Urban underserved populations, behavioral health, addiction medicine, palliative care

Hailey Gunningham (HG) E-18 Seattle WWAMI haileygunningham@gmail.com
Family Health Centers of San Diego, CA
 Interests: Community Health, geriatrics

Leah Heindel (LH) E-18 Seattle WWAMI leahmheindel@gmail.com
Sutter Med Ctr of Santa Rosa-CA
 Interests: Underserved, full spectrum, addiction medicine, OBGYN/repro health, FQHC setting

Melanie Langa (ML) E-18 Seattle WWAMI langa.melanie@gmail.com
Swedish Port Angeles RTT, WA
 Interests: Rural and American Indian Health, Addiction treatment, Abortion care, broad spectrum care

Hannah McKenna (HM) E-17 Spokane WWAMI mckenna.hannah@gmail.com
UWFMR- Seattle, WA
 Interests: FM is broad enough to provide learning opportunities in many areas of interest including women's health, reproductive health, social determinants of health, longitudinal health care, and end-of-life/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

Anna Smith (AS) E-17 Seattle WWAMI anna.smith@bmc.org
 FM-Psych at Boston Medical Center

Marisa Wickerath (MW) E-17 Spokane WWAMI mjwickerath@gmail.com
 Saint Joseph Hospital – Denver
 Interests: Rural, full-spectrum, Spanish-speaking populations, Health equity/Advocacy

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

Alexandra Davis (AD) E-16 Alaska WWAMI steepsnowyslopes@hotmail.com
 Providence Alaska Family Medicine Residency
 Interests: Rural, Women's Health, & Palliative Care

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

Carolyn Knackstedt (CK) E-16 AK WWAMI ck29622@uw.edu
 Family Medicine Residency of Idaho - Nampa, ID

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

