GUIDE TO APPLYING IN Family Medicine for UWSOM Students

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TABLE OF CONTENTS

THE BASICS

- Going to the AAFP FUTURE Conference (formerly called the National Conference of Medical Students and Residents) in Kansas City (typically July/Aug) is well worth the time and money spent (and you can often get a UW and/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!** Residency Programs 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.
    - Personal experience from a 2026 graduate: I felt a lot of pressure from UW/admin/prior students to go to this conference, and I just could not make it work with my schedule. I personally used this document and residency explorer to help me find programs I wanted to apply, and I ended up matching at my #1 choice…so just to say, you don't have to go to the conference if it doesn't work for you. – MS

- The average UW student is advised to apply to about 15 programs, (offered interviews at ~80-95% of them), attend 10-12 interviews, and rank 10. 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.

- The UW reputation helps a lot (as a student you may not realize this).

- 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 standardized 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.**

- Letters of Recommendation: Three letters total is sufficient for most programs. You need at least one FM LOR and it needs to be an excellent letter from an attending with whom you worked with closely on a clinical rotation. It is okay to have additional letters from other specialties.

- Have an idea of what you want your FM practice to look like long-term. This is a really common and important interview question that demonstrates both your understanding and interest within the broad scope of FM. 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? When possible, have your application reflect your interests.

WHY CHOOSE FAMILY MEDICINE?

- **Read this article on Family medicine as a countercultural movement in medicine focused on relationships and social justice - LW**

- While FM has a reputation for low pay compared to other specialties, the pay has increased significantly in recent years. The ability to "practice anywhere" is also attractive. It is a specialty where you can constantly evolve your practice without needing a fellowship. -AM

- "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 to increase the life expectancy of its patients!… -TJ

- Check out this awesome Undifferentiated Medical Student Podcast which was very helpful for me when making my decision to choose FM (Steve Brown, Ep 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, patients, and 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
3RD YEAR

Required Clerkships

- Try your best. 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.

Preparing for 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-Is. The WWAMI programs are the easiest to arrange and involve the least amount of paperwork. **Some programs can fill up quickly so don't miss his emails to sign up for these.**
- There are lots of opinions about timing. Ask your FM advisor about this if you are unsure. If you got honors on your 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. Additionally, if completed by August, you could ask one of the attendings/faculty/program directors for a letter of recommendation.
- 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 can get you a real feel for the program.

Considering Away Rotations

- You can go outside of the WWAMI network (through VSLO) if there is a FM program you are strongly interested in. If they do not take UW students regularly, the paperwork can take a long time (months).
- If you do not have an interest in a specific program outside of the WWAMI region and/or do not have extra funds for an away rotation, do not worry about it hurting your chances to match at a particular program.

Getting Involved

- Get involved with FM organizations: AAFP, STFM, NRHA (rural), or other state/local family academies (e.g., WAFP, AKAFP, IAFP). 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.
- Overall, just do things you are interested and passionate about, even if it's not specifically tied to an FM organization. FM programs/interviewers care a lot more about hearing about YOU and what you have done/what you are interested in rather than you checking a box that you were in x,y,z organization/volunteer/research/etc. -MS

Choosing Electives

- Some people do 1-2 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 (i.e., sports medicine, cardiology, dermatology [great for procedural training]) or choose things that have lighter hours (radiology) so you will have some extra time to work on your application. Alternatively, do the bare minimum and enjoy your time off with activities and hobbies you want to try. Do not feel pressured to travel because other classmates are doing so, everyone's financial situation is different.
- There probably isn't much that wouldn't be relevant in some way to FM, so pick ones that are interesting to you, or that you may not get a lot of exposure to later on. -MS

Keep Track of Your Activities

- Keep track of extracurricular. You will need these for ERAS. Complete any UWSOM Pathways.
- Update your resume/CV as often as you can.

Step 2 Ck

- Study for Step 2 throughout the year (by studying for your shelf exams). Most UW students take 2-4 dedicated weeks to study before the exam.
- Resources: UWORLD (3rd year and during dedicated), Sketchy, Online MedEd.
- 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.
- I had peds as my first 3rd year rotation and knew I would forget a lot of it if I didn't keep up with it going into step 2 dedicated. I used Anki, but any resource you have found that helps with spaced repetition would be great! – MS

4th Year Schedule

- Plan time off for interviews in your MS4 schedule! Most students take 4-6 weeks off in the fall. The busiest time for interviews is mid-Oct - mid-Dec, but some programs also interview in Jan. It is possible to complete some interviews while on a rotation, but you will likely have to move your schedule around to accommodate this (such as taking more EM shifts on the weekends) and it is good to plan at least 4 weeks for interviews.
- 2026 Graduate advice: I had a mix of in-person and virtual interviews. I took from the middle of October-January off. I was then able to schedule ~2 interviews a week and this was really nice and not too overwhelming. I had time for travel for my in-person interviews but then also time to relax. Most programs start interviewing at the end of October into Dec-January so I would say at the very least try to take off all of November (bulk of interviews can be scheduled here) and the first 2 weeks of December. -MS

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 read/edit it, including some people who aren't in medicine. This is important to do early - 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 you are looking for in a residency so you can articulate this at the AAFP conference and during the application season. 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 their favorite.
- 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
- You can personalize your PS for specific programs you are very interested in. This doesn't have to be long – 1-3 sentences. It shows programs you have 1) done your research 2) shows your interest even more 3) is often a talking point during interviews!
- 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.
- 2026: With the overwhelming use of AI, don't have it create something for you, it comes off very generic and people can read right through that. But it can be a super helpful tool for editing once you have a strong draft. –MS

AAFP FUTURE Conference (Formerly National 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 most programs 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 $$$$. If you do not have the $$$, the AAFP and WAFP usually have scholarships that cover some of the costs!
- Pick 10-20 programs of interest and be VERY intentional about talking to them (see Program Selection below). Browse their website ahead of time and avoid asking questions you could have found the answer to easily. 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 to identify if your passions are aligned with those in the program can clarify if you are a good fit.
- Dress is business casual. I took notes after talking to each program. 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. The conference can feel 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
- 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.

SUMMARY: Have a plan. Stay quasi focused. Take notes. Ask questions that will help you determine if you want to apply and interview at that program. -AM

Letters of Recommendation

<u>SUMMARY</u>: Aim for 4-5+ strong letters (1-2 from family docs). Help writers 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 let them know 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
- 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.
- I underestimated the impact of LOR on my application. My “strong” letters were mentioned in almost every interview that I had. 3 of 4 of my letters came from outside of FM. Don’t be afraid to ask during your 3rd year rotations or on 4th year electives.
- 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

Example LOR Requests

- Example 1 below is a follow-up to an in-person LOR request.
- Example 2 below is a reminder email. Start hassling them, if you haven’t already (politely!)
- After you match, thank 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. An average UWSOM student is advised to apply to 15 programs and interview at no more than around 12 programs. Less is more! –KS
- Choosing programs can be stressful! In fact, I found this to be the most challenging part of the process. There are incredible programs all over the country. Each has its own pros/cons - the key is figuring out YOUR priorities.
- Echoing that; if you do not know where to start, think about your priorities – family, desired location, desired patient populations. The location aspect is now part of ERAS with the geographic preference so you might as well use it to narrow programs.
- Use a resource like FREIDA or AAMC Residency Explorer 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 UW grads/classmates in FM and found programs that I would not have found on my own.
- Residency Explorer is helpful to get a general sense of some basic statistics associated with each program (average scores, program signals, etc.)
    - I used the Residency Explorer website and loved it. Once you have priorities/things you care about in a potential future program, you can filter the programs that way. For example, I knew I didn't want to apply/live outside of the mountain or pacific regions (states are broken down into these categories on ERAS and the explorer website), I put in a minimum salary, minimum time off, different tracks (there are literally so many categories and things you can filter), and then it spits out a list of programs that match your desired requirements. There are soooo many FM programs so this really helped me start and narrow

things down. I then used the UW residency directory to see if there were any UW alumni at the programs I was looking into. I emailed/messaged them to talk and get their thoughts on the program, why they applied there, what they would change, etc. – MS

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

- Location
    - Easy way to narrow it down, but location isn't everything. 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.

- Program Type
    - Community vs. Academic, Rural/Suburban/Urban
        - If you enjoy working on a large inpatient team, teaching and are interested in research, maybe you'll enjoy an academic program.
        - 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 be like this.
        - 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 (specific numbers) in these areas.
- Unique Emphasis
    - Some programs care for specific populations or have "Areas of Concentration" (eg. Medical education, tribal health, wilderness medicine, public health, etc)
- Fellowship Opportunities
    - Some people apply to programs that offer fellowships in their field of interest. This is especially relevant for sports medicine, as it is a competitive family medicine fellowship. For obstetrics fellowship you will want to have a high number of deliveries during residency.
- Competitiveness
    - Talk to your advisor and look at average scores, 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

- 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.

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 wrote I was proficient in a fairly obscure language. One interviewer 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 may be expected to prove it (in a nice way) in an interview. -EC
- Your hobbies will come up in interviews, don't make things up, and be ready to talk about them. -MS

Signals

These were added to the ERAS application in the last few years. FM gets 5 non-tiered signals. Their purpose is to indicate to programs that you are interested in them. While the data on Residency Explorer makes it appear that there is a big difference between the interview invite rate between signaled and non-signaled applicants, it is less true for MD applicants and likely even less true as a UWSOM MD student. Basically, you will still get plenty of interview invites from programs even if you did not signal them.

There are multiple ways to use signals. Personally, I used them to apply to my five most favorite programs at the time of applying, independent of their popularity. That being said, there are certain programs out there that will receive tons of signals (can be inferred by the number of applicants as listed on Residency Explorer) that may use signals to narrow their applicant pool because they get an abundance of applicants. Lastly, signals are not end all be all when it comes to ranking either. I ended up resonating with a program I did not signal and matched there. -AM

INTERVIEWS

Scheduling

SUMMARY: Many invites happen within a couple weeks, with a lot of them offered the day ERAS downloads. Academic (e.g. UW) programs take longer. Do what you need to do 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 mid-Nov, contact the program to express that you're still interested.

- Consensus from the 2024-25 FM interview season: most people received several interviews in the first week, and the rest of their 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.

- Some programs asked me to send them answers to a few additional questions before they offered me an interview. – TJ
- **I highly recommend making a separate email account that is just for ERAS.** Then it will not get mixed 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. 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.
- 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 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 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
- If Nov rolls around and there is a program that you it both very high on your list 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 where being from UW helps. You can 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 a 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. Got a text from the PD with an interview offer the next day. – AB
- Even if you are a strong applicant there may be some programs that do not offer you an interview. 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 -- through ERAS, an online scheduling system or platform like Thalamus, and some by phone. Kind of annoying to navigate. Make sure you're keeping track of all of them in one place. – 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 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.

Logistics

<u>SCHEDULING</u>

- 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
- By my 10th interview, I was tired of the whole process. 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 dedicate 2 days (like Tue/Thu) per week for interviewing, which makes it hard to condense interviews into one month. I did 12 interviews from Oct to Jan and was never able to schedule more than 2 in a week based on what was available.

- Some programs have meet and greets with residents the night before interviews, some programs just offer these as a separate event you can sign up for. Try not miss them, especially if they are the night before. They might notice you weren't there.

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 & A with residents or a lunch 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 snafus than I expected although being ready for those is important!
- 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.
- Not every program uses Zoom. Some use thalamus, Microsoft teams, Zoom, Webex, etc. Pay attention to the format and download the software ahead of the interview. Do not wait until that morning, and make sure you have the coordinator's number handy in case you cannot get into your interview. - KM 2023-2024

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.
    - Some programs had 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.
- 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.
- (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.
- (2023-2024 season) This was very mixed. Some programs had in-person second looks. Prioritize where you need the second look to decide how to rank them. I think it's critical to see the place you might be living for the next 3 years.
- You can request to informally visit the program if the second look dates do not work for you. I emailed the program administrator to see if they would be able to help coordinate an unofficial visit (tour the hospital or clinic, possibly meet with a faculty

member or resident). Sometimes they were happy to arrange, sometimes they said they could not for equity. If they could not arrange it, I reached out to one of my resident interviewers to see if they would be able to meet me while I was in town, and this always worked. Oftentimes they would add a tour as well.

Accommodations for In-Person Interviews/Second Looks

- This varies widely, but some programs (generally rural programs) will pay for a night or two at a hotel, some will offer resident homestays, and help with transportation costs.
- USE THE UW ALUMNI PROGRAM!!! They send you an email with a link to a survey before interview season asking which cities you need housing for on which days. I had 2 interviews in Tacoma and 2 in Portland and they found me housing for all of them, which was TOTALLY FREE for me!!! I got to meet some great UW alumni! It can take some time for them to find housing, so fill out the application early and be patient! - TJ
- 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.com: 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. This will save you a significant amount of money.
    - 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.

Booking Flights

- 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.
- Many places in New York State don't have uber- be ready to call a taxi.

Attire and Virtual Settings

- I took advantage of Zoom and wore a dress with a blazer and leggings and slippers!
- 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 during the interview.
- Consider getting an actual webcam, it often looks much sharper than your typical laptop camera. I used the Logitech C290 HD Pro (decently cheap on amazon and easy to set

up) and it looked very different than my computer. - KM
- Get a ring light, they are super cheap and made a huge difference especially with the bleak Seattle winter natural light.
- 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) 10 minutes before joining each interview to ensure that lighting, camera angles, audio/video settings, physical appearance, and background were good.
- 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.

In-Person Attire Essentials

- You need a suit.
- 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 during the interview season.
- Don't spend too much time or money on your interview clothes, nobody will care.
- Most people dress casually for the pre interview dinner.
    - I wore jeans and a nice sweater and that was totally acceptable/the vibe -MS

<u>MEN</u>

- Get a suit that fits; tailored if necessary. Black/navy/charcoal suits are typical.
- 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.

<u>WOMEN</u>

- Most women wore plain pantsuits in black, navy, or grey. A few people wore skirts, but you will want to be comfortable and move easily. 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. I would be careful with bright or extravagant patterns. PRO TIP: If you wear natural deodorant or sweat a lot, order armpit suit protectors (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 were 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

- 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.

Interview Day Tips

SUMMARY: While many interviews are 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 list of questions (there is a lot of time for this) you can ask every program to compare their answers. Take notes. Also back these notes up somewhere if you are keeping them on a device. I had a crash and lost all my notes from an interview at one of my top programs, and it was devastating. – KM

- **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
    - Consider a quick 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.
- Some interviews are informal, and you just chat about whatever you feel like. 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. 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. 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 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
- Do not be afraid to ask the hard questions, such as what work/life balance or burnout looks like, how much time is taken of for parental leave, your desire to perform or opt out of certain procedures. This is your chance to see if the program is a good fit for you. -JS

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 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
- How the program responded to COVID 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
- "What is something that residents struggle with in this program", it was very illuminating in what they see and if it had been a problem for many years that became concerning to me about why it hadn't changed. – KM
- What is an interesting thing you have learned from a resident? –MS
- How are residents evaluated? How are they given feedback? –MS
- How does the program assess resident well-being? –MS

In-person 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.
- 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/dogs/residents' partners 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).

Significant Other/Partner 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 may come up at interviews unless you intentionally avoid it. If you have a SO in the picture, bring it up during interviews. At FM programs, they were interested in my SO. Because my SO

works in healthcare, PDs even volunteered to help her find a job if we matched at their program. This is not unusual, 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.
    - Distance to a major airport is really important for me. I tried booking flights from the community to my family and vice versa to see how feasible it really was.

Getting Significant Others 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.
- I recorded voice memos to myself after every interview and let my partner listen to them if they wanted to hear my thought processes.
- A partner 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 it's time for 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

General 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...avoid it.

Organizing Programs

- I created a massive spreadsheet with 25+ categories that were important to me but also included a “Vibes” category for that gut feeling. I filled out the table for each program right after my interview to ensure that my answers would be the freshest. -AM
- 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 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 categorized programs:
    - 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 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. 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. But this is a tactic on the part of residency programs. View it as such, and do not let it change your decision-making. 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 these 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.
- If you are going to send a Love letter or Letter of Intent, try to do so around the time that program is finishing its interviews. You want to try to get it to them before they make their final decisions.

Things We Would Have Done Differently

- I wish I scheduled time in Jan for in-person second looks. It's hard to do when you're on a rotation, especially a 2-week rotation.
- I booked some interviews in Jan that I really cared about, but 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 an 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.
- 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, you can say something like "I'm unable to answer that." or "can't comment, sorry!" but it's awkward regardless of how you handle those questions when they happen.
- You can have as many personal statements and LORs as you want.
- People who are truly undecided fall into one of three groups: 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-Dec. 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 Feb 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.
- Couples matching with someone not going into FM necessitates applying 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 to get around this is to broaden your geographic range of where you and your partner will be willing to match together(eg: Vancouver WA, and Portland OR, or Fort Collins CO and Denver CO).
- I couples matched 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 depends on you and your partner's specialty and competitiveness. We were lucky in that FM and IM both have TONS of programs. 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, and it was hard to pin down our advisors on an exact number.

Failed Step Exam(s)

- 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 helped 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, SOM career advisor. 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. 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. 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.
- 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 (it helped that it was in my PS). Some 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.
- Call residency programs if you don't get an invitation 2-3 weeks from when they 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 interviewers 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 passing remediation will not make a big difference for your application. 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

- 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 (RTTs)

- 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

- These programs typically have fewer OB deliveries than community programs. There are a few exceptions to this (Stanford, Arizona). 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)
- Puyallup Tribal Health Authority (PTHA): In-patient with TFM team, out-patient in the tribal clinic. One of the only residency programs in the nation associated with a tribe/IHS
- Full Circle (formerly FMR of Idaho) 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
- 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) FM Residency of Idaho - Boise: Emerald Clinic is a cool urban underserved clinic that also offers full-spectrum training and rural rotations.

Amazing NorCal/Bay Area Programs

- Sutter Santa Rosa FMR- Full spectrum, well-established program with strong OB with FQHC clinic and a large Spanish-speaking population. A RHEDI program
- Contra Costa (Martinez, CA)- Strong obstetrics (esp surgical, 1º CS), procedural and inpatient heavy training (like Ventura), POCUS. RHEDI program. NHS “Registrar” model where you are 1:1 with an attending on inpatient medicine, OB, ICU, and EM instead of the

traditional team-based model to foster independence.

- UCSF- Urban underserved, social justice, and academic training. Almost all rotations at the SF county hospital. OB historically weak 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 hospital/critical care med, inpatient procedures with diverse international pt population, weaker OB
- Lifelong- Strongly clinic first/less inpatient heavy, emphasis on community medicine

Amazing SoCal Programs

- FHCSD- Outpatient focused program that is incredibly LGBTQ+ friendly located in sunny San Diego. If you are interested in working with underserved communities including the LGBTQ+ community. Strong HIV AOC
- Long Beach Memorial- The LA life without dealing with the traffic on the daily. 95% of its rotations at Long Beach Memorial Hospital with multiple AOCs. Strengths: repro health, LGBTQ+ health, sports medicine. Good balance of inpatient/outpatient with average OB.

Amazing Full-Spectrum Programs Outside of WWAMI

- Ventura County Medical Center (Ventura, CA) - 4 year program. FM residents are the hospital workforce. From day one you will be doing trauma and codes, yes, you read that right. 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
- University of Minnesota – Duluth- Full spectrum, strong obstetrics, termination training, new hospital 2023, low cost of living
- Saint Joseph Hospital – Denver- does not have same reputation as Greeley, Ventura, or Contra Costa for primary C-sections or trauma but is great for full-spectrum urban training (good OB, great inpatient training). Huge Spanish-speaking population -MW
- Scripps Chula Vista – San Diego - Community program, emphasis on border health. Comparable to Swedish programs in Seattle in terms of breadth of training -MW
- Contra Costa – Martinez, CA – NHS “Registrar” model- you will be 1:1 with an attending on inpatient medicine, OB, ICU, and EM to foster independence.
- 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

Full-spectrum Family Planning

- RHEDI, the Center for Reproductive Health Education in Family Medicine, offered full-spectrum family planning training for residents (including LARC, terminations, etc.). The organization typically suggests that the training will be opt-out. RHEDI was defunded and transitioned to TEACH (Training in Early Abortion for Comprehensive Healthcare).
    - 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 Tracks

- 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 Smith (Fort Worth, TX) One of the largest FM programs in the country, and one of the best for procedural training
- North Colorado Family Medicine Residency (Greeley, CO)
- Via Christi Family Medicine Residency (Wichita, KS)

OB training "This link was very helpful and pretty accurate from my research" (spring 2023)

Surgical Obstetrics (i.e., primary C-sections as a resident)

- I wanted to do a High-Risk OB Fellowship but you can get trained to do C-sections out of residency if you go to the right place. Some physician groups that will train you on the job for C-sections. 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 lower because of fellowship, still strong numbers, close working relationship with fellows, residents prioritized for fellowship
- University of Minnesota Family Medicine Residency (Duluth, MN)
- John Peter Smith (Forth Worth, TX)

Academic FM Programs

This can mean many different things: emphasis on teaching, leadership and policy, research etc. 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, research interests of faculty. 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 create the AAFP podcast!

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 FM and a 2nd specialty, such as Family-Psych (6 total programs) and EM-Family (3 programs).
- Explore your specialties early in 4th year (I did a Sub-I each in IM, FM, and Psych). Reach out to programs early about info sessions or recruiting events. For Family-Psych, *definitely* attend the annual Association for Medicine and Psychiatry conference (AMP) 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.
- 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. 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, a lot of people apply "just to see" and decide that it is not for them. 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, FM, 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 involved in the combined programs and 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 okay to just apply to an institution's combined program and none of their categorical. Sometimes they will count your combined interview for either categorical program…or if you change your mind about combined. 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 FM as their categorical backup.

- Don't 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 categorial 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. 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. Read their materials, google your interviewers, and have at least 3 questions tailored to each person's interests and position in the program. 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.
- I recommend raking programs based on where you would be happiest in the long term, not just all combined at the top. I ranked some combined programs lower than I anticipated because I did not want to spend 5 years in a 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 encouraged!

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

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