

Best Practices for Advising Students for the NRMP Match in Family Medicine

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Abstract

Faculty career advisors (FCAs) are crucial in guiding medical students toward successful National Resident Matching Program outcomes in family medicine. Our specialty is experiencing an evolving landscape, characterized by an increase in postgraduate year-1 positions, shifts in applicant demographics, rising application numbers, and the recent implementation of program signaling and geographic preference setting. This professional development perspective offers FCAs strategies to navigate these complexities beyond *Strolling Through the Match* and other related materials. Key areas addressed include defining program fit for individual applicants, determining an optimal range of application numbers, and providing tailored advice for diverse student situations including "high-performing," "midrange," "at-risk," dual-specialty, and couples-matching candidates. We explore current insights on navigating virtual versus in-person interviews, strategically utilizing program signals, and successfully managing the Supplemental Offer and Acceptance Program. Our guidance aims to equip FCAs, students, and key stakeholders with practical, anecdotal, and evidence-informed approaches to support all students applying to family medicine in achieving optimal match results.

Introduction

Faculty career advisors (FCAs) must provide accurate guidance for diverse students to yield optimal results in the National Resident Matching Program (NRMP) Match ("the Match"). The *Strolling Through the Match* guidebook provides professional development for medical students, guidance on specialty choice, and a comprehensive overview of the Match.¹ While the number of family medicine postgraduate year-1 (PGY-1) positions in the Match is increasing, there has been a decline in US MD and DO applicants, an increase in international medical graduate (IMG) applicants, and an increase in unfilled positions.² Changes in the number and type of applications received by programs, and options for program signaling and preference settings, may influence advising. We provide guidance for FCAs, medical students, medical school deans, and other key stakeholders who advise students toward a successful Match process.

Identifying "The Best Family Medicine Residency Programs"

The "best residency program" varies by applicant. Students prioritize location, work/life balance, and program structure³ when evaluating programs, and consider program size, setting, prestige, and fellowship access.

Doximity ranks programs on perceived strength and reputation. Students can compare programs using the Association of American Medical Colleges' (AAMC) Residency Explorer Tool,⁴ the American Academy of Family Physicians Residency Directory,⁵ Texas STAR,⁶ and the American Medical Association's Fellowship and Residency Electronic Interactive Database Access.⁷ Students should explore a diverse range of programs encompassing desired geographic locations, setting preferences, and career goals.

How Many Applications?

The optimal number of applications varies by an applicant's strengths including grades, class rank (quartile), United States Medical Licensing Exam (USMLE) Step 2 score, scholarship, community service, leadership, and the competitiveness of programs they plan to apply to. Most students will apply to about 20 programs and the odds of matching approach 100% at 12 interviews. Programs on the coasts and in major metropolitan areas tend to be more competitive. Information to gauge students' competitiveness is available at the AAMC Careers in Medicine Specialty Profiles website⁸ and in NRMP program director surveys.⁹

How to Advise the Student Applying to Multiple Specialties

Students applying to multiple specialties should meet with FCAs in each specialty. Students should write separate personal statements highlighting their specialty-specific career plans. Programs that suspect applicants are not committed to their specialty may rank them lower. Advisors should help students frame their ask of letter writers, especially if they plan to use letters for multiple specialties, to avoid disclosing specialty preferences.

How to Advise Students Applying to the Couples Match

Couples should meet individually with their respective specialty FCAs to gauge application strength and together with each FCA to ensure an understanding of the Match process and strategize rank lists. Variable applicant and program competitiveness will impact how many applications couples need, typically more than solo applicants.

How to Advise a “High Performing Student”

A top student within their school's top quartile who may have academic honors, above average Step 2 scores, and impressive contributions in community service and scholarship may apply to fewer programs and successfully match. All applicants must convey a commitment to family medicine in their applications and personal statements. The interview, including resident and faculty interactions, feedback, and interpersonal skills carries substantial weight in ranking applicants. A student's CV and academic performance drive interview offers and interpersonal skills and communication during the interview drive rank lists.⁹

How to Advise a “Midrange Student”

A student in the middle quartiles of their medical school class with average Step 2 scores and extracurricular activities is a strong candidate to match into family medicine. These students may need to apply to more programs, or programs for which the applicant's unique characteristics meet a program need, to ensure sufficient interviews. One strategy is to advise students to apply to several programs that might be a competitive stretch, a core of programs for which they are solidly competitive, and a few programs that would be preferable to participating in the SOAP or not matching at all.

How to Advise an “At-Risk Student”

Students in the lowest quartile of their class who are at risk for not matching into family medicine should meet with their FCA throughout medical school and early in the application cycle. These students may have failed a USMLE exam, course, or clerkship, have below average grades, have been placed on academic probation, have behavioral or professionalism issues, have unexplained leaves of absence, or lack extracurricular activities. These students may feel unsupported by classmates, online forums, informal advisors, and others. Their personal statement and application should highlight strengths, including community service, research, language skills, and other unique factors that may align with select programs’ needs. While these students may need to apply to more programs, a successful match is more likely by tailoring applications to programs where the student’s unique strengths and attributes are likely to be valued, rather than simply applying to more programs. Advisors may identify programs by communication on listservs, and students may make positive connections through attending the AAFP National Conference. Preparation for a strong interview will greatly benefit these students, including mock interviews, group advising sessions, artificial intelligence interview preparation tools, and preparing answers for likely interview questions.

Virtual or In-person Interviews?

Virtual interviews commenced with the COVID-19 pandemic and remain available, but some programs offer in-person interview options. Virtual interviews offer a cost-effective, time-efficient process and may improve equity across socioeconomic backgrounds¹⁰ allowing students to interview at more programs. Virtual interviews may be affected by technical issues, limit assessment of organizational culture and facilities, and limit casual interactions with residents, other applicants, and staff. Despite increased cost and travel time, in-person interviews may provide applicants with a better feel for the program, improved personal connections, and enhanced rapport with program residents and faculty. Some students choose a hybrid approach, using virtual interviews with some programs and in-person interviews at the programs they desire most. The choice between virtual and in-person depends on each applicant’s schedule, finances, and preferences.

How to Optimize Signaling

Program signaling may increase an applicant’s interview offers. Family medicine adopted signaling in the 2023–2024 application cycle, allowing applicants to signal up to five programs. Since most family physicians work within 100 miles of their residency training site¹¹ and serve the diverse needs of underserved populations and communities, program signaling and geographic preferences impact on family medicine training outcomes may differ from other specialties. While signals and preferences are promising interventions to assist programs in selecting desirable residency candidates, little is known about the impact on other outcomes of residency training, such as diversity and community health. Signals may be especially important for students who are “on the bubble” of being offered an interview by a given program.¹² Students should use signals on their most preferred programs including home institution (if desired) and programs where students may have completed a visiting elective rotation. Although there is only 1 year of available data, ERAS data suggest that students who do not have geographic preferences are less likely to receive interview invitations, which may be important for at-risk students.¹³ A recent study by Barr et al of over 5,000 first-year residents determined they signaled the residency program (59%) and geographic area (72%) where they ultimately matched.¹⁴

How to Approach the Supplemental Offer and Acceptance Program

The Supplemental Offer and Acceptance Program (SOAP) process is stressful for all involved.¹⁵ Applicants should remain positive given abundant unfilled PGY-1 family medicine positions available in the SOAP. Unmatched students should meet with a family medicine FCA and medical school dean's office staff the Monday of the SOAP week to develop an individualized plan and review the list of available slots at potentially desired programs. Careful review of unfilled positions with the FCA will allow prioritization of programs aligned with the applicant's preferences for curriculum, geography, and other factors coupled with FCA knowledge of programs and colleagues.

Conclusion

Supporting students matching into family medicine requires FCAs to possess a nuanced and current understanding of an evolving landscape of trends, tools, and the Match process. By equipping themselves with strategies to define the best-fit programs, guide application numbers, advise students with diverse situations, and manage emerging challenges, FCAs can meaningfully contribute to student match success.

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