

Ep #11: How Does Residency Match Work: What Programs Actually Look For

Full Episode Transcript

With Your Host

Pooja Sonikar

Mike: I think one of the most harmful or damaging interpretations that the students I work with is, "Where I match is a direct reflection of me, my intelligence, my value as a person, my future potential." And I want to say that is just not true because, one, where you match for a residency program does not dictate the rest of your life. You can match at middle of nowhere and then ultimately go and be a full professor at Stanford or Harvard or whatever.

Pooja: The path to becoming a doctor is a whole range of things: exciting, confusing, anxiety-inducing, and gratifying, probably all at the same time. And the truth is that no matter how isolating it may feel, you're not in it alone. Welcome to Pursuit of Practice, your go-to space for expert advice, real stories, and the kind of support that shows you what trusting the process actually looks like.

Welcome back to the Pursuit of Practice. Today's episode is about the residency match, what it is, how it works, and how to think about it productively rather than this big, scary, overwhelming process. For a lot of

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medical students, the match can feel overwhelming. There is a lot of noise, a lot of opinions, and a lot of pressure that seeps its way into every part of the process. It's also very easy to start using the match as a way to judge yourself, your competitiveness as an applicant, and sometimes even your future as a physician. And in this episode, we are going to be breaking down the match, talking about how programs approach the match compared to how applicants tend to think, and walk through some practical ways to go through the year-long process without letting it influence your self-concept. We will glean these perspectives from someone who's been through the match as an applicant and has now been on the other side of the curtain as he's interviewed and selected residents from the program side. Let's get into it.

Our guest this week is Mike Ren. Mike is from Houston, Texas. He went to SMU in Dallas, where he majored in biology with a major in business. He then went to Baylor for Med School and stayed there for family medicine residency and a subsequent year as chief resident. And now, he's an attending physician where he sees patients, educates medical students, and participates as an interviewer and application reviewer for med students and residents alike. In his spare time, he's skiing, playing ultimate frisbee, and rock climbing, and his friends would describe him as an easygoing and approachable person. Thank you for coming on to the show.

Mike: Yeah, thanks Pooja for a great intro. All of those things are true. I just got back from skiing today, so.

Pooja: Oh, lovely. Lovely. Thank you for taking the time. I'm sure you're tired.

Mike: Just my legs. So, but the rest of me, my voice is okay.

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Pooja: Nice. Nice. Okay. So, let's get into it. I want to start with a little bit of an overview of what the match is, especially for our listeners who don't necessarily know what it refers to. So, in your own words, can you tell me a little bit about what the residency match process even means?

Mike: Yeah. So the NRMP residency match process is a system kind of designed to match residency applicants with residency programs. And to simplify it, it really solves logistical and fairness problems in that sort of match.

Pooja: Yeah. How does it solve a fairness problem?

Mike: Well, Pooja, let's look at the residency hiring process before the match came into play. A little bit of history around the 1950s that the match first became, the first became a thing. And before that, physicians were still graduating from medical school and they still had to do residency training, but that process of getting into residency was a little bit more chaotic and some would even say exploitative because programs would pressure students or graduating medical students to accept offers earlier than they wanted to. And on the other side of that, some students, usually the ones at the top of their class, the ones who scored very well, had awesome recommendations, and stellar backgrounds, those students might have hoarded the acceptances out of out of fear of not getting a better one. So, it was problematic on both ends for the program side and the applicant side. On top of that, all of that led to applicants making decisions kind of with incomplete information and programs getting maybe less than the ideal applicants because they weren't sure. Applicants made decisions with incomplete information and then programs getting less than the ideal applicant.

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Pooja: Yeah. So it sounds like there was just a lot of incomplete delivery of information both for the applicants and for the students. Because as you said, there were these quote-unquote exploding offers where people would say you have to take this position within a couple of days or else you're not going to, like we're going to rescind our offer. And it sounds like it was a real predicament at the time and this match is a little bit different in that people are able to actually make decisions in a more timely way. Does that sound right?

Mike: Yeah, exactly. And this is over 60, 70 years ago, but you kind of saw a mini version of this during the pandemic when before 2020, there were a lot of interviews for residency happening in person. So, no matter how stellar of an applicant you were, realistically, physically, you can only be in one place at one time. So, really most students were having, you know, accepting 20 to 30 interviews max. However, with virtual interviews, during the pandemic, you can take one interview in the morning and another one in the afternoon without having to fly halfway across the country. So, what kind of became of that was the top, you know, 10%, top 20% of applicants had a majority of the interviews, but they could only go to one program at the end of the day. They could only match to one program. And then so that created a problem because later on, you know, kind of the top tier programs, of course, got their slots and the top tier students got their pick of the litter. However, the middle programs and especially the bottom, bottom tier programs had a lot of unmatched spots, unmatched spots to fill.

Pooja: Right, right, right. Yeah. And I and I know that we'll get into in a little bit, but that's kind of where the signaling process kind of came from, right? Because it kind of forced applicants to say, to kind of show their cards a little bit instead they're not just getting 50 interview slots. They have to have a little bit of reservation about where they're prioritizing their interviews, right?

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Mike: Exactly. The signaling and the geographic preferences weren't always a thing and they kind of came about after that 2020 year of where it created that kind of logistical and fairness issue. So.

Pooja: Yeah, absolutely. So let's talk about it from the applicant perspective first before we talk about the program perspective, even though I know that's 100% what all of our listeners really want to get to. But let's give an overview for everyone just so we're all on the same page. So, tell us about either from your own experience, although I know it was a long time ago at this point for you, or maybe not. I don't know. I don't know how far out from residency you are. I actually never asked you that.

Mike: This is going to be, I'm going on my fourth year out. So yeah hopefully I don't I don't look that old.

Pooja: Oh, so that was like yesterday. No, I was going to say I had no idea. So, yeah. No, this is like yesterday for you. So tell us about your perspective from the residency application. And I know it was different from you because you had in person. So I can give a little bit of my perspective with virtual stuff because I'm currently going through the process now, but tell me about your perspective from the beginning of the residency match process.

Mike: Definitely stressful. I couple's matched with my wife. So maybe that's something we'll do a different episode or something. Basically, in September, we submit our application. And then for the next few months, we're waiting to get interview invites. As we get them, there was a scheduling, I think now the website is Thalamus, but there's a website where you go and you kind of accept your invites or decline them and then you schedule them. And then, you know, as you're doing that, I don't know if it's still the same with those scheduled interviews, a lot of them would also have

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like pre-interview dinners or some sort of pre-interview meetup because again, this was this was in person. And I understand now that there is some hybrid component where some programs do allow or offer in person interviews, but majority of it, as I understand, it's still virtual.

Pooja: Yeah.

Mike: You go about, you know, so you're waiting, you're preparing for the interview and then some programs would fly you out, otherwise you would get your own ticket, fly out and you would interview for basically the whole day from morning to afternoon. You would talk with the program director, they would tell you about the program. You would talk with some of the core faculty, you would see the facilities, you know, sometimes the cafeteria was important, what kind of food you're going to be eating for the next three to five years. And of course, they would tell you a lot about the program, you know, from curriculum, to schedule, to what opportunities, fellowship opportunities, et cetera. And then after that, you would thank everybody. Usually you would write or email them a thank you note, and you would hope you get invited back to a second look.

Pooja: Got it. Interesting. So you were invited to a second look at the time?

Mike: Some programs just told you, "Hey, we have a second look." And then some, I think would invite you if you, you know, if they wanted you.

Pooja: Got it. Interesting. Okay, that is good to know. How's that different from what you're going through now?

Pooja: Yeah, I was going to say, I think it's a little bit different now in that so for us, or for me in my experience, starting really crafting my application during the summer. So as soon as I was done with step and I had finished

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my sub I, I finished my like final sub internship in July. And so starting around then I started crafting my application, reviewing it with people from my school advisors, et cetera, and had my application submitted by the appropriate deadline in September. For those of you who are interested in learning a little bit more about what that process looks like, feel free to let us know and we could do another episode on that. But once my application was crafted, I was thinking about signaling. So signaling for those of you who aren't familiar, is basically when you submit your application and you kind of enter in all the programs you're submitting your application to, you could decide where you're going to give a signal to a specific program. And the signal, Mike correct me if I'm wrong, is meant to serve as a extra little, "Hey, I really like you" kind of message that you can send and that there's different tiers. And the amount of signals, the amount of tiers is kind of confusing and that it differs based on what specific residency you're applying into. Is that right?

Mike: Yeah, absolutely. And this kind of alluding back to our previous discussion where, you know, only the top, the top 10 or 20% of applicants were getting, you know, 50% of the interview invites. The signaling really helps to lessen that disparity and make it more fair because even if you're in the top like 5% of applicants, you still are allotted only a fixed number of signals depending on each specialty. So that way, you can't, well, you can apply to 500 different programs, but you can only signal perhaps 10 or 15 of them.

Pooja: Right. Yeah, absolutely. I believe I only had 15 signals and so I definitely think based on the schools that I got interviews from, there was a little bit of matching that kind of happened in terms of the tier of the program, the procedure of the programs, because there were some programs that I thought would interview me because I was thinking of them

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as a safety, but they did not send me an interview invitation because I didn't send them a signal. So in that way, it is, like you said, a lot more equitable and a lot more fair. So I do think that in the long term, the signal is a really good thing. I think right now, it is a little confusing in that it's a relatively new concept. So for those of you who are listening, this is the second year in which the signal has kind of been distributed. And in the first year, people were like, "Let's just try it out and see what happens." And now I think there's a little bit more understanding of what these mean. And so there's, I believe, Mike correct me if I'm wrong, are there three different types of signals? Are there only two? Because I had two. I had silver and gold.

Mike: Yeah, and it depends on the specialty you're applying into. Some specialties just have signals. You have 10 signals. There's no silver, there's no gold, but other specialties will have silver, meaning, "Hey, I want to go here," or gold, meaning, "Hey, I really, I really want to go here." And of course, you get fewer gold signals.

Pooja: Yeah, absolutely. And I do want to talk a little bit about what the signal interpretation means from the other side of the curtain. But to just really finish out the applicant side of things, essentially what happens is once the signals of everything have been sent, you kind of get your interviews. And because everything's virtual, I like to describe scheduling your interviews sort of like the Hunger Games where you're trying to run to the middle as soon as possible. I distinctly have like a core memory of getting an email notification and literally running out of the shower so that I can schedule my interview. And I did and it's still, I remember really not being able to find a slot that I liked. And so it's a really hard time and sometimes you just have to take what you can get unfortunately. And I think a lot of it has to do with, you know, the pro being virtual is that it's a lot more equitable. People don't have

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to pay to travel, but the con is that everybody's really on top of scheduling and sometimes getting an ideal slot can be difficult.

Mike: Yeah, the spots tend to fill up fast. And I believe, I think between the, you know, I teach a clerkship at Baylor and for the months of what, like basically November to January, I'm like, "Hey, keep your phone on loud, like wait for that ding. And if you hear it, like get like don't worry." Obviously, not in the OR, not in the middle of a patient interaction, but you know, we're we're fairly lenient on allowing students to kind of excuse themselves for a minute and schedule that interview because that's kind of what they've they're working the whole the entire past four years for, right? So it's culmination of all of that.

Pooja: That's very kind of you. That is very, very kind of you. I wish I had that. Fortunately, I was doing virtual stuff at the time, so I was able to get away with it. But like I mentioned, I did run out of the shower one time, but that's fine. My phone was only a little wet. But I will say something that is helpful for those of you who are currently maybe getting stressed about this, you can apply to wait lists as well for specific time slots. So if you, let's say, you're scheduled for, I don't know, end of December, late January, and you don't want to be interviewing that late into the year, or that day isn't the best for you, you can schedule that and then sign up for multiple wait lists. And then as soon as a wait list spot opens up because someone has decided to drop the interview or reschedule it themselves, then you could take it. And it doesn't really affect the program side. Like they don't really see how many times you're rescheduling as long as you're not doing it too soon to your actual interview day. Is that right?

Mike: Yeah, absolutely. And, you know, you really make a good point just first be thankful that you got the interview slot. And even if you're not able to

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reschedule, just try your hardest to make whatever date that you've got. If you need to be excused from a rotation or anything, feel like most schools want you to graduate and they want you to match because obviously, it doesn't look good for the school if, hey, only 70% of our graduates match. So my point is, I think that they'll be understanding. And even if you get a bad date, schedule it first, then get on the wait list like you mentioned. So that's a great idea.

Pooja: Right. Absolutely. Absolutely. So, once interviews kind of go along, it's a lot of what you said. I think what happens in person is very similar to what happens virtually. I think the only difference is that we don't get fed the day before, but there was one program that actually sent us, sent everybody a GrubHub gift card virtually. And that was awesome. That was so, so kind. Yeah, I was so grateful for it. But they do have a virtual happy hour of sorts. So sometimes you'll have a beverage of choice and the programs will have a beverage of choice. I remember watching one interview where all of the chiefs were having wine together. They just looked like they were having a really good time, which I think was a really good signal for me as in terms of the collegiality of the program. But I was drinking tea at the time in case anyone's listening. But yeah, and then the interviews are the same. And then after that, you end up ranking. So, tell us a little bit, Mike, about your experience or what you've seen other people experience about actually ranking programs. Let's talk about the applicant side first and then we'll jump into the program side.

Mike: Sure. So ranking, I think the rank list just came out yesterday, right? Yesterday or the day before. And it is imperative that you rank, you submit your rank list before the deadline. That does not mean you need to submit it right when it comes out. There's no advantage to that. The whole point is programs want you to pick the program that you want to go to. They want

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you to be happy. You're going to be with them depending on what specialty you apply to for three, four, five years, maybe longer. So they don't want you to rank a program that you're going to hate, you know, if you're on West Coast and all of your family and friends are on West Coast, they don't want you ranking a program kind of in the middle of nowhere. So, when the rank list opens, you can think about it, play around with it. I've seen various things from, you know, from Wordpad to very detailed Excel sheets with a bunch of cells filled out of, you know, from salary to benefits, to how many days off, to everything you can possibly think of.

Pooja: Yeah. That's absolutely... Yeah.

Mike: Have you have you thought about your rank list much?

Pooja: I have. I have. I'm a pretty neurotic person, so I thought about it every day. I had a little sticky note where I had it and I would look at it every morning with my coffee and I'd say, "Well, what do I think about this?" And I'd move things around. But I was the person with the decision matrix. I won't lie to you. I'll confess that to the group. But yeah, it's it's an interesting time. I wonder a little bit about your perspective, at least from your side both as a person who has, you know, been an applicant, but also someone who advises other applicants. Sometimes when people are creating their rank list, there is, you mentioned this idea of really just truly ranking your preferences. There is that tendency that people have to kind of equate their self-evaluation in the process. So I've heard people say things like, I don't think I would be able to get in there. I don't think they're going to rank me very high. So I'm not going to rank them very high. What would you say to the applicants who are thinking along those lines?

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Mike: I would advise them to kind of steer away from that line of thoughts. The best thing you can do for yourself, for the programs, for your future career is to think about, and you know, if you need to, talk to your significant other, talk to your medical school mentor, your classmates, your family, whatever it takes, but you need to in a short time kind of figure out who you are. And I know it sounds cliché, but who you are, what you're wanting out of the residency, what you're wanting out of your career. And that's very difficult to do in the one or two week span that you have to decide your future for the next three, five, seven years. But let me just give you an example. So you might be an applicant going into, let's say, general surgery, and the top three things that are important to you are you want it to be a strong academic program with good fellowship opportunities and you want it to be on the West Coast.

And if those three things are true and that's your top three, you know, ah maybe, you know, California is the same as like Washington for you or whatever, like you don't care as long as it's on the West Coast and as long as you have good fellowship opportunities, I would rank exactly as your preference with those programs first. Something else that I would advise is to have your rank list kind of sync up with how you signaled and your geographic preferences. So remember back to the beginning of the interview season, or application season, where I signaled a bunch of programs on the West Coast. I geographically preference all the programs on the West Coast. And if that's the case, you know, why would you rank programs on the East Coast first? Does that make sense? So yes. So rank how you preference, rank how you signaled. That'll give you kind of the best chances. Sometimes, you know, people are probably listening and thinking, "Well, yeah, Mike, duh." But sometimes it's difficult because those programs that you signaled, maybe you didn't get interview invites from them, or maybe you interviewed there, but you actually it didn't turn out to be what

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you had hoped and you either didn't do well at the interview or you didn't ultimately like that program. And that's the only case where I would say, okay, you can change, you can kind of deviate from that path. But otherwise, to have your best chance at matching at the program that you want, it should kind of sync up with your geographic preference and your signaling.

Pooja: Yeah, absolutely. And I think another thing to kind of add to what you said that I've heard again from other people who have talked about the process is sometimes people will read into things that people say at the end of the interview. Like, at the end of every interview, I think a lot of programs say something like, "We hope you all rank us very highly," or your interviewer will say, "You would be a great fit here," or something like that. And I think people will internalize that as an indicator for how they're going to be ranked where the truth is that's not necessarily true. And I think people will say, "Oh, well my geographic preference wasn't this place, but they did say that I should rank them highly, so maybe that means they're going to rank me highly and I should just put that there." What would your thoughts be to that line of thinking?

Mike: I remember getting a lot of that during my interviews. Did you get a lot of that too where, "Oh, you would be a perfect match for us," or "you would do really well here," something like that?

Pooja: Yeah, absolutely. Like every program was just like, "You should come here." And I said, "Wow, that's really nice."

Mike: I think you need to keep in mind as an applicant that programs are trying to sell the program to you. Once you've already, once they already offer you an interview slot, that means your stats are good enough, right? So they looked at your USMLE or COMLEX scores, they looked at your class

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ranking, if your medical school has that, they looked at, you know, if you got honors or how you did on your clerkships, they look at your research experience, they looked at your entire ERAS application and they decided to offer you an interview slot. I would say that's about, they do that for usually between 10 to 20% of the applicants they receive. So you're already in the top, you know, percentage of applicants that they want. So they want you to rank their program. They are not allowed to say, "Hey, you rank us highly, we're going to rank you highly," or lie about it or anything like that. So of course, they want you to rank them highly and can match to their program. However, just because they say you'd be a good fit shouldn't be an indication of them, you know, ranking you in the top 10% or 20%.

Pooja: Yeah, absolutely. So, since we're on the topic, I'd actually like to dig into that a little bit more. So, now let's talk a little bit about the behind the curtain, right? What's happening behind the scenes? And again, obviously, share everything that you feel comfortable with and nothing that you don't feel comfortable with. But from what you are able to tell, when programs are ranking applicants, what leads to their ranking process? So from our side, the applicant side, we rank our programs in preference number one to number whatever in where we want to go. One being the highest priority. And my understanding is that programs do the same thing with their applicants. So what goes into that process for them?

Mike: You know, I don't really recall signing an NDA or anything. So I'm going to try to be as open with you guys as possible. But on the other end, when selecting our residency candidates, the interview really does play a big part because like I mentioned earlier, once you receive that interview, your step scores, your recommendation letters has all already been looked at and it's already deemed good enough to come to this program just by itself. Obviously, we interview 100 candidates for like 10 spots. We're not

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accepting all 100. After, I would say after the interviews conclude, probably end of January, beginning of February, the program leadership and residents and core faculty and the coordinators all get together and kind of discuss the applicants that they interviewed. And after that discussion, which takes about half a day, you know, we kind of rank and list the applicants from there.

Pooja: Okay. So it sounds like there's a little. So tell me if I'm, tell me if I'm understanding it. It sounds like once everyone does their interview, so every interviewer has a certain number of applicants. They do their own internal evaluation and then they meet and they all kind of discuss all the applicants together. Is it true or correct for me to say that each of the interviewers are kind of advocating for their, they're advocating to say my impression of this person is this and this is why my impression of this person is correct. Is that usually what happens?

Mike: Yeah. So let me just sort of paint a picture on what it might look like.

Pooja: Yeah.

Mike: So, after the interview season, let's say like the third week of January or something, all the interviews have concluded and my program has, we've interviewed 100 applicants and we have 10 spots. Okay?

Pooja: Okay.

Mike: The program leadership will double check the everyone, all of the applicants' ERAS applications and we'll have a running list from 1 to 100. Okay. Applicant A, B, C, all the way down.

Pooja: Okay.

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Mike: And we have them listed from 1 to 100. Then, about a week or so later, we get together with everybody who participated in the interview. So residents, ancillary staff, coordinators, and we will discuss, "Hey, this is kind of the running rank list right now." And we'll go through person A, applicant A, "This is what their application looks like. This is how they did on their interview. If you have any qualms or any comments about this applicant, please speak up." And someone might say, "Hey, I had a really negative," or "I had a really positive interaction with person A, let's move them up to slot one," or "let's move them down to slot 10," something like that.

Pooja: Okay. So there is a pre-determining of ranking based on your application and then there's additional information that the interviewer can provide to move the person up, down, or stay the same on the rank list.

Mike: Of course. Of course. And it might be as simple as, look, this person has a lot of family here, they geographically preference this place, they went to school in the, they went to college and medical school in the same city. You know, their spouse has a job here. We're pretty sure this person wants to be at this program. Let's move them up a couple of spots. It might be something simple as that. Or, hey, this person was really rude to me in the emails. And it could be the coordinator saying this. This is why you need to be very cordial and professional towards everybody. This person was really demanding and rude in the emails. They kept asking for this one 8:00 a.m. interview slot on the first Saturday or whatever. And they were just a pest about it. That might not be someone we want to work with for the next three years or four years. So let's bump them down.

Pooja: Yeah. Okay. And you're alluding to something that is super insightful and I want to elaborate on a little bit more, which is the qualities of an applicant that can make someone really rank higher or lower in a given list.

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So far you've kind of alluded to background, right? Where you're from, how that influences, because sometimes people want to stay in the area where they're from or the area that they're familiar with. Any ties to specific locations if there's family, if there's spouses, if there's anything else that tends to influence as well. And then you've also outlined an important one, which I think I would hope that people would be nice because they want to be nice and not just for an interview or for an application. But also the idea of someone that you want to work with. So is this the idea of like someone being a good person to work with on a day-to-day. I know one of the things that I heard a lot was, is this the type of person that you would want to work with at 3:00 a.m. on nights, yes or no? And that's kind of a factor that people rule in and rule out applicants based off of. Is there anything else that you think people should know about when programs are considering how they're ranking their applicants?

Mike: Yeah. So this is just an example of my experience and what I've seen, you know, having served on some of the residency committees and just from stories that I've I've heard from, you know, fellow colleagues and classmates, I would say that nothing is off limits, right? Like they can really have this meeting and say this person was dressed unprofessionally or they came 10 minutes late, let's bump them down. And, you know, all this with a little bit of a grain of salt because of course, you know, going back to the example of 100 applicants and 10 spots for this program, in my mind, if I'm the program director, I might have it ranked perfectly 1 through 10 and for my top 10, I might only match one, one of those people, right? Because those first nine applicants might want to go somewhere else. So it's difficult from the program perspective as well. They don't always get, you know, exactly who they want is my point.

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Pooja: Yeah. Yeah. And I think that's helpful not only for, you know, people to know about, but also from the applicant side, we've been talking a little bit about the applicants who are really nervous or the applicants who think that they're not necessarily quote-unquote good enough for a program. And so to your point, if a program has listed 10 people and 7 out of their 10 have opted to go somewhere else, that person who ranked it and they might have ended up being number 10 on the list, if they were worried or afraid about not being ranked and they put something else, then they wouldn't even have the opportunity to go.

Mike: Right. Exactly. That's why you should rank the programs based on what you want.

Pooja: Yeah. Absolutely. So, tell me a little bit about the experiences because I know that you do a lot of work helping people through the application process. Tell me a little bit about the perspectives that people have about the ranking process and what it means for themselves as an applicant because I think sometimes there's sort of two groups of things that I've seen happen. There's the one group of people being like, "Oh my goodness, this is great. I'm putting my entire application together. This is all the things that I've been working on over the last four years. Let's see what happens." And they have a generally positive outlook. But it's very easy to get into the second group, which is where the imposter syndrome kicks in. You think about how you should have done that research project two years ago because you would have had another poster by now and now you're not going to get in anywhere. And that kind of catastrophizing that I'm sure you see over and over again. I was wondering if you could talk a little bit about that and the advice and perspective you have and if you've ever experienced it yourself.

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Mike: Yeah. So I've been doing, I guess they call it residency consulting, helping resident applications, helping with residency applications. This is like my fourth year doing it. So it's a lot of fun. You get to see, you know, people have had some wild experiences that they put on there like, you know, during their most meaningful sections or what not. So that part is really interesting. I think one of the most harmful or damaging interpretations that people, the students I work with is, where I match is a direct reflection of me, my intelligence, my value as a person, my future potential. And I want to say that is just, that is just not true because, one, where you match for a residency program does not dictate the rest of your life, right? You can match at middle of nowhere and then ultimately go and be a full professor at Stanford or Harvard or whatever. Right. So, one, that's definitely possible. And two, you know, we've kind of talked about earlier how you should rank. I don't want students regretting, "Oh, I, you know, I ranked number one. I didn't love it, but I ranked them number one because it felt safer," or, "I should rank this prestigious program lower because everyone is going to, everyone wants to go to Stanford or Harvard." Or, you know, I don't think I'm deserving to rank this program where it is. And that's really a misconception that we need to dispel because I'm sure you've heard, you know, people at your med school say it, maybe the deans have said it to where they mentioned that the rank list actually favors the applicant side. All the applicants should kind of keep this in the back of their mind. "Hey, I, you know, I made it through Step one, Step two, or COMLEX level one, COMLEX level two. I made it through all my clerkships. I have good recommendation letters. I worked really hard on my personal statements, on my CV, on my experiences section. I signaled well. I got 10 interviews or five interviews or 20 interviews. I've done all this in the past four years. And you know what, dammit, I'm going to rank how I want to." Like, really. They, that's, that's how I

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know it's easy for me to say on the other side, but really that is, that is how you should be ranking.

Pooja: Yeah. No, absolutely. I, I completely agree with you. I think one of the most helpful things that I did in creating my rank list, because I said, you know, I kind of looked at it every day, but that was a little bit of an exaggeration. I think I was pretty, I became pretty decisive with my rank list. And I think the reason why I was able to decisively make those decisions is, as you talked about a little bit earlier, talk to advisors, talk to mentors, had the questions of what are the things that I should be thinking about? And once I had them in my mind, as I was going through the interview day, I was able to say, okay, based on these predetermined things that I'm looking out for, this is how this program stacks and this is how I'm able to make this, you know, rank in my mind. But also really thinking about what kind of doctor I want to be. I think fourth year, I know people joke about how it's not really school because you don't do a lot of clinical work compared to the years prior, but I do think it's a really good opportunity for people to really lean into the physician they're about to become and really explore what that means for them. And I definitely think that's what it's been for me. I completely agree with what you said and I think your perspective on the mindset. Honestly, I wish I heard that sooner, truthfully. I feel like I wish I heard it in the very beginning of this process because it took me a while to get there. But thank you. Thank you for saying that.

Mike: Yeah, no, for sure. Yeah, I wish I heard it too, I guess. But no, I'm here to say it to all of you guys to really rank how you want. When you rank a program lower, that doesn't really change your chances of matching how you want. Ranking them, you know, wherever you want will not hurt you because the algorithm is going to match your highest ranked program to the program that also ranked you the highest if that makes sense. So if you

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really, really want to go to a program and you rank them number one and maybe they rank you number 20, like I mentioned earlier, they're not getting their top 20 applicants because not all those 20 people will probably, not all those people are going to want to go to the same program that you really want to go to, whether it's they don't have family there or the opportunities are not the same, or maybe they get only two weeks of vacation instead of three weeks of vacation. I mean, whatever matters to the applicant, everyone is a little bit different and there is not, I guarantee you, there's not 100 or even 10 of you trying to go to the exact same program for the exact same thing.

Pooja: Absolutely. And I know that some of our listeners who are thinking of more competitive surgical subspecialties may say, "No, you're lying." But I feel like you've helped so many people that you can say it is true across specialties.

Mike: Yeah, there is a little bit of variation. So that's a good point that you make. I've worked with people who've gotten into orthopedic surgery, to plastic surgery, to dermatology, and even IR this year. So there's definitely different degrees of competitiveness for - I'm not going to knock on any specialties, but you guys know how it is, right? If you're applying to family medicine and pediatrics versus plastic surgery, the average step scores just aren't the same.

Pooja: Right, and there's also just a matter of volume of spots, right? So I'm applying to internal medicine. There are a lot more spots in any given institution to, you mentioned interventional radiology or neurosurgery or something where the class size ranges from 20 to 30 for internal medicine

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compared to two for other specialties. So there is definitely a difference there. Before we talk about frameworks that people can kind of think about for building their own rank list - because we've alluded to a couple of different things that applicant can think about when building their rank lists, and I want to flesh it out so people can have a concrete understanding of that. But first, I want to, if it's okay with you, talk a little bit about the match algorithm.

I don't know if you know this. I'm sure you do. The match algorithm won a Nobel Prize because it solved this problem. I don't know if it's been used in other contexts. I can't imagine there's another context in which it would be used except for I guess fellowship. But I do know that it is applicant-favoring. So, tell me a little bit about what it means for this algorithm, AKA the thing that matches residents to programs and vice versa to be applicant-favoring.

Mike: Yeah, will it means that the algorithm is trying, it's programmed to be fair to the applicants and it's programmed to not screw the applicant over. It's programmed to match the applicant with the highest ranking program that they put on their list to the program that ranked them high as well. But again, your number one program might have ranked you number 20 or number 30. But because not all 20 or 30 applicants ahead of you want that same program because you ranked it high, you increase your chances of matching to that program if that makes sense.

Pooja: Yes, it does. So to say it another way, just so people can hear it twice, from the applicant side, the way the algorithm works, and again, I am so limited in my computer knowledge, so anyone who is actually in computer science is probably going to laugh. But what the algorithm does, the Big Brother of it all, is they look at your list and they look at your number one program and then they cross reference what the program you ranked

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number one is and they looked at their rank list. If you are high enough on their rank list, then you get to go to that program versus the alternative would be if it was program favoring. And that would be if they looked at the program's number one and then they said, "Did that applicant rank the program higher?" And the reason why that distinction is important is because of what you said. Because among an applicant's number, like an applicant's number one is more like, if, let me rephrase it. If an applicant was to rank a program number one and they are let's say number 40 on the list versus another applicant ranks it number two and they are 30 on the list, the applicant who ranked it number one is going to get it because they want it more. Is that right?

Mike: Yes, assuming the top 30 don't all go there, which again is very, very rare. Like that usually doesn't happen where, you know, the programs, you know, they have eight slots and all eight of their top ranked residents want to go there. Again, usually that doesn't happen because people want to go, people want to go elsewhere and you can ultimately only attend one residency program.

Pooja: Yeah, absolutely, absolutely. Yeah.

Mike: No, I think you explained it very well and what I, the point I want to get across is that again, you're not you're not penalized for ambition, you know. If you have the if you got the interview, that means your scores and everything, your application, your personal statement, your rec letters are all good enough to be at that program. Obviously, how well you did at, I mean, I'm not I'm not holding your hand through that interview. How well you did during that interview does matter, right? If so consider that as well. But you're not penalized for ambition. Don't think, "Hey, my average step score is like two points lower than the previous year's residency class who

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attended that program. I better rank them third because my score is like two points lower." Like don't I don't want them to think like that. I don't want you guys to think that you're penalized for your ambition. You're not. And really, I don't want any regret. "Oh, I wish I would have trusted myself more. I wish I would have believed in myself and I wish I would have tried ranking them number one instead of ranking them number two," and then you actually got your number one choice, but that wasn't the program you necessarily wanted to go to. That is that is something that I absolutely want to avoid because then you're not happy and you're there for three, four, five years and, you know, the program didn't get the applicant that they wanted and you didn't want to get the program that you wanted.

Pooja: Yeah. Yeah. As the kids say, "shoot your shot." You know, you never know what's what's going to happen.

Mike: That's right.

Pooja: So, in terms of, and I again, want to get to the practical framework for applicants soon, but I want to touch on if you're okay with this just with sharing it, what makes a good interview for residency applications? Like what does a good interview actually mean? Because I'm sure people know the classic like, "be yourself," but what does that mean practically?

Mike: Yeah, that's definitely tough to answer. I'll answer it from my perspective and I'm in primary care and the applicants I interview are obviously for primary care and I'm at a big academic center in Houston. So this might be different if maybe you're going for a rural program or you're going for like a program that's a surgical subspecialty or it might be more similar than we than we think. But generally, how I tend to select good residents is I think, is this someone that I want to be working with at a 3:00

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a.m. call when I'm already having a bad day? Can we cuss or no? We can't cuss.

Pooja: I mean, you can if you want. It's you're in charge here. So.

Mike: Okay, I was just curious. Yeah. You know, hey, is this resident someone who I trust to handle things at 3:00 a.m. on a call and also trust to wake me up at 3:00 a.m. if they need help, if the patient is bleeding out or they need to be transferred to the ICU or whatever. Is this someone who can take feedback, who if I tell them, "Hey, you know, you're doing X, Y, and Z very well, but this one thing I would like you to change how you're doing it because it's a matter of patient safety," and if they can internalize that feedback and do it correctly the next time versus if they think I have, you know, some weird personal vendetta against them or something like that. All of that is kind of hard to judge on an interview, but a lot of the applicants kind of prior experiences, their recommendation letters, and their overall application kind of help me determine that in addition to the questions I asked them during the interview. And don't get me wrong, I'm not I'm not pimping them to say like, "Oh, like, you know, this guy's having CHF. What's the first thing we do?" Right. But you know, kind of talking to them about their experiences, how they handled difficult situations, how they work as part of a team, all of these questions kind of help suss that out for me.

Pooja: Yeah, absolutely. And I think something that I appreciate from your response, I think is a key distinction between the application process for residency compared to the application process for medical school because in medical school it was all about why do you want to be a doctor? What are the personal things that drive you? What motivates you? How do you take care of yourself in the context of adversity, et cetera? And all those things are important, but what you're alluding to in terms of things that are

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important and again, from your singular perspective, but one that I've heard across different contexts. So it's helpful to discuss is the idea that you're applying for a job. Residency is a job where you are going to start getting paid and you're going to start taking care of patients and you will be putting in orders and no one is going to be able to take it back, right? I mean unless it's an emergency context of course. But a lot of what you do is more permanent because it impacts someone versus when you're a medical student, you're really shielded from a lot of that. A lot of our orders are pended. A lot of our notes are not notes of record, things like that. And so there's a lot more practical evaluation. And kind of what you said, like will you be able to thrive in the day to day but also, will you be able to become a better physician you were when you compared to when you first got there, which I think is really helpful for people to kind of think about.

Mike: Yeah, exactly. There's a lot more at stake when you're a resident than compared to when you were a student. Like you mentioned, the orders and notes actually get recorded and they actually matter. The attending see them, the patients often times will see them and, you know, I would rather have somebody who has an average step score and, you know, passed all their core clerkships, who will consistently show up, be on time, be professional, have good bedside manner. Again, this is for primary care. But to show up every day for work and do what they're told and of course, to learn and to do the right thing for patients rather than someone who, you know, scored a 260 and is a real smart ass and doesn't think that they have anything to learn from residency. Then what's the point of coming? You're coming to train for three years to like you mentioned, become a better physician, to learn more, to learn how to help your patients. And medicine is evolving all the time, right? What might be first line treatment today, might be second or third line or might not even be used in 10 years. So even during your residency training, you're going to learn more and more. So my point is

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that 270 step score is at a point in time and that's not as important to me as the capability to adapt and learn and show up ready.

Pooja: Yeah, absolutely. Absolutely. And I will say even for the specialties that care about the step score, and I know some of the more competitive specialties use step scores and grades and stuff as more of a threshold. But even then, if you do not have the prerequisite things that you're describing, the score doesn't matter. Does that sound right?

Mike: Yeah.

Pooja: Absolutely. Okay. So, now let's finally get to what I have been alluding to. Sorry that I've been saying that we'll get to it and then not actually getting to it, which is the real practical framework for how applicants can kind of build their rank list. So, Mike, you were talking earlier about how you've coached a lot of different applicants and you've seen various methodologies for building your rank list. But tell me from your perspective, what do you think are important characteristics that people should be thinking about when building their rank list? Because obviously it's individual, but if someone wants to think about how do I even get started about thinking about what's important, what would you say to that person?

Mike: Yeah, absolutely. And, you know, I don't blame you. We had a lot to kind of talk about. And I don't know how far we are into the recording, but you know, maybe they'd listen to this at like 2X or 2.5X. I don't know, I don't know how fast it's going it's going these days. Back in my day, it was we would do 2X everything, but maybe it's maybe it's 3X more now. I feel like every few years like the attention span shortens a little bit and we have to speed things up even more.

Pooja: I think you're right. Yeah.

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Mike: That's a great question, Pooja. It is very individualized, but I will say I think I've worked with probably over 100 students at this point in terms of the residency consulting. So a lot of the kind of overarching theme I see, I would say number one is probably geography. That's why they have the geographic preferences. That's why they added it. And the reason that's number one is because residency is a long time. It's at minimum three years. Depending on the specialty you go into, plus you might have fellowships, it might be four, five, six, seven years or longer. Hopefully not too much longer than seven, but you know, it can get there. My point in saying that all of that is, you want to be close to a support system. And again, it sounds corny, it sounds cliché. And you might be the person who says, "I don't need that. I just, you know, I'm going to go to a tough program and I'm going to grind it out because that's what I've been doing for college and med school and I can do it again for residency." And if that's you, you know, good luck and you're probably in like the 1 percentile of people who can do that by themselves. Most people, myself included, I needed my support system, my family, my wife, my friends. I mean, unsurprisingly, I stayed in Houston.

Pooja: Right.

Mike: Where I did med school and residency and where I now work. But I think location and geographic preference, that is probably the most important. I mean, that's why they added it as a separate category on ERAS because they know. And another thing they know is if you went to school here and if you go to residency here, you're likely going to end up working in the same city, if not in the same state at least. So it is a big factor.

Pooja: Yeah. So it sounds like geographic preference is not only important for the current, you know, period while you're in residency, and I will, I will say to you and to everyone who's listening that I definitely considered

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geographic preferences. I was born and raised on the East Coast, never left the East Coast, so I applied almost exclusively along the East Coast. And so when I got my interviews, I was very grateful because geographically I could go to any of the programs because they're all relatively close to home compared to going out to California or something like that. So I definitely hear you on that. In terms of geographic preferences, it is important to really think about also because as you mentioned, you know, there is that perspective of I can grind it out, I can just go to number one, number one programs. But as you mentioned before, residency is very real in ways that being a student is not in that there will be a night where you lose a patient or something really bad happens in the hospital because that's what happens in hospitals sometimes. And it can be really draining emotionally. And so you have to have a group of people around you to be able to support you when you feel like you can't necessarily support yourself. I know some of my attendings have kind of told me and I'm sure you've told your students that the first time something bad happens to one of your patients, you're going to remember it forever. You're going to remember it for a very long time because it's the first time that happens. And so picking a support system is like picking the best, you know, equipment for success for when that happens to you. Does that sound accurate?

Mike: Yeah, absolutely. And I think what some students don't necessarily realize yet, maybe they've been lucky and it hasn't happened to them in med school, or maybe on one of your clerkships you did lose a patient. I think that really gets magnified in residency because this may happen at 4:00 a.m. after you've already had six days and you're on day seven of your week long call shift. You know, middle of the night, you haven't really had any sleep. You do everything right and you still lose a patient. So that can be really tough. And on top of that, you're still expected to show up to work the next morning because you have other patients to take care of.

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Pooja: Yeah.

Mike: And so that can be really difficult to do by yourself.

Pooja: Right. Right. There's a level of resilience and I think my perspective on resilience, I don't know if you agree with this, is that there is an intrinsic level of, you know, strength that resilience comes from, but I think a lot of it also is built on the people you surround yourself with. It's a lot easier to be strong when you have people who, you know, strengthen you as opposed to taking away from you.

Mike: Exactly. So, yeah, I think that's probably the thing that I see most often and ERAS obviously agrees with us because they have it as a separate category, right? Other than geographic preferences, I would say this is another preference thing, but whether or not the program is a big academic one in a city or somewhere in the suburbs or somewhere in the middle of nowhere. Maybe I shouldn't say middle of nowhere, you know, somewhere in a more rural, like smaller town.

Pooja: Yeah. Rural.

Mike: Exactly. So yeah, but I guess that can go hand in hand kind of setting preference and geographic preference kind of go hand in hand. Other than that, I've seen salary mentioned a bunch of times, which I'm not quite sure why that one's a little bit puzzling to me. I see it a lot, but you're not making the big money as a resident. You're going to make the big money afterwards.

Pooja: Right.

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Mike: So for me, that really wasn't a consideration, but I do see a lot of my students in their Excel, that'll be like the second column after location. So it is what it is. Right. It is what it is. And if that's important to you, that's fine. I'm not knocking it. I'm just saying that it personally wasn't mine. And something else to keep in mind is you might have a higher salary in New York City. It might be 75, 80K, but after, you know, factoring in the cost of living, it's pretty much the same as getting like 60K in Texas. I mean, you know, it might not be exactly the same, but it's it's similar enough to where salary for me is kind of moot.

Other than that, I would say vacation time, which I don't see this as often, but kind of the vacation time or curriculum, how many months of a certain rotation or how many months of elective you get. I would say that's pretty important. Yeah. Whether or not, there are some programs that, you know, you don't get electives until they're your second year or your third year and some programs that give you at least one or two electives in your first year. And I would certainly take that one. Other than that, some other things to consider, definitely if you're couples matching, which that probably needs to be a separate episode if you haven't already done one.

Pooja: Yeah, for sure. We have not, but if you'd like to come back. I'd love to have you.

Mike: If the if the listeners want to keep listening to this, sure. I'm happy to come back. What else? I think opportunities. So, you know, if I'm internal medicine and I want to do, I know I want to do GI. I have family members who do GI. You know, my I have friends who do GI and I'm I'm dead set on doing GI. And I go to a IM program that has never graduated a GI fellow. That's probably not where I want to be, right? So other educational or leadership or fellowship opportunities that kind of align with what your

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career goals are. And for that, I would kind of recommend going even if you're not sure if you want fellowship, if you have you're kind of foot in the door and you're like, "Ah, maybe I want to do it, but three years is a long time to decide." I would try to, you know, preference or rank, preference or rank a program that has that opportunity rather than picking one that didn't and then you go and you're like, "Oh man, I really wish I had the opportunity to do a fellowship or I really wish I had the opportunity to do these electives to see if I want to do this fellowship." If you think that's that's how it might look, then I would prioritize that as well.

Pooja: Yeah, absolutely. I will say in terms of fellowship stuff, I know that some, it's a piece of advice that I think people get in medical school when thinking about specialty choice, but I think it applies to residency for the future as well. But it's this idea of, and tell me if you've heard this one before, preparing as if you're applying into the most competitive thing you're thinking of. So kind of acting as if you're going to be doing, let's say you're a first year and you're thinking about orthopedic surgery, preparing as if you're going to do that and then allowing yourself to change your mind and having that flexibility, but not, you know, knocking it out of a realm of possibility for you because you didn't prepare for it. And I think that really goes in line with what you're saying about fellowship matches.

Mike: Yeah, exactly. It's it's good to not limit your options.

Pooja: So I think for me, a lot of what you said, I really didn't think about salary as much, but I do think I'm very privileged in the sense that I have a partner who has already had a job. And so in my mind, the two of us are going to be living together. And so, you know, the cost of living isn't as much of a burden. And like you said, I know I'm very aware of the fact that the big bucks happen after residency. So the difference in income isn't that much.

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But I will say because I have friends who have considered it a lot, I think for some people, the income difference can influence depending on their loan payments because as soon as you graduate, loan payments, depending on how much they are, can be a difference. I know mine are not so high that the income difference, you know, makes it so that certain areas aren't livable. But some people have a lot more loans than others and so that's just a factor. But that's a very individual decision.

In terms of other things, I think the only other thing that I've been thinking about is not opportunities necessarily within the hospital, but opportunities in the local area. So for me, it's really important to be integrated into the community in which I'm practicing medicine. And I am interested in being in cities. So all of the schools that I'm really applying to are places that either are really urban or they have a very close tie to the community. And that's just something that I really prioritize. And so for people who are interested in that, that's really that's really important to consider because sometimes programs will be really forthcoming and they'll say we have community health clinics that people can be a part of or we have ways. I remember there's one program that told me that they had applicants that get involved in local government, which I thought was really interesting and cool. And so that was a factor for me too. And so really thinking about that.

I think another thing is whether or not you want a structured program. And what I mean is whether or not there are some programs that offer tracks. So like research tracks or if you're doing, you know, for me internal medicine, there's quality improvement tracks, there's leadership tracks, there's global health tracks. If any of those are really important to you and to the point that it's make or break, that's important to consider. I know for me, it is a pro, but it's not a make or break, but I have peers who have said I really need to do global health when I'm in residency. And if a program does not have a strong

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global health tie, I'm not going to rank it very highly. And so that's another thing that I've heard people consider as well.

Mike: Yeah, exactly. That's a definitely good thought and we have tracks in our residency program as well and I've definitely heard it mentioned a bunch of times. Uh usually for like peds, global health, things like that is a very important one. And like you said, I like that point that you made about it's not make or break. Look, I want a program, I want an academic program in the big city of Miami because that's where my family is. And let's say Miami has like five IM programs and this one offers tracks and this one offers a little bit, they've maybe graduated more residents into going on the prior example of they graduated residents going into GI. Well, let me rank this program number one and let me rank the other Miami programs two, three, four, and five because of these reasons. Something else that and it's funny because I'm I'm thinking, I think I wrote a blog post about this. Shameless self plug. You can you can cut that out if you want, but.

Pooja: No, we'll include it. We'll include it. What's we'll find the name. We'll include it in the bio. It'd be a whole thing.

Mike: Sure. You know, things to think about for your rank list. I think two things that I should mention. One is kind of the day-to-day. So, you know, I've helped students who or I've helped applicants who have kids, they have families. So they're like, well, I need to get my kid to a daycare. Some programs offer those sort of benefits where, you know, maybe not paying for 100% of the daycare, but they'll pay for a large percentage of it. And if you're on a 24-hour call, you know, you'll get a stipend or something to have a nanny or to have somebody help care for your child. And for a lot of residency applicants, uh most of whom don't have kids, that doesn't matter

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to you, but for the few that do, it really, really matters, right? So that's something to think about.

And another thing to think about is kind of the day-to-day. Okay, you know, if I'm applying to this program and I get in, their clinic is located, you know, on the southeast side of town and the hospital is located northwest and if I live in the middle, I'm driving 35 minutes one way and 25 minutes the other way and if there's, you know, this is a big city. So if there's traffic, it really is going to be like a two-hour commute or if this is a program in New York, I have to take three buses and a subway to get there. Is this really what I want to be doing five days a week, sometimes six days a week for the next three years? Yeah. Maybe, maybe not. Maybe the prestige of the program is worth it, but maybe it's not to you. So really think about the day-to-day, if you have to travel to four different clinic sites, that really might make a big difference. And then the other thing is the kind of patient population that you'll care for. You know, I'm in Texas, so a large percentage of the population is Spanish speaking. I speak a little bit of Spanish, but not enough. But if you speak really good medical Spanish, maybe that's something that you don't want to lose and you want to practice and you want to care for those types of patients, then that might be something worth considering. Or if you're in a surgical subspecialty and you want to do trauma surgery, you know, what kind of do I want to be at a do I want to be at a high-level trauma center in a big city where I can see gunshot wounds and, you know, like horrible motor vehicle accidents and I can really be of use there versus going to a smaller program in a town of 1,000 where the worst thing that happens is somebody got hurt tending to livestock or something.

Pooja: Right. Right. No. I completely agree. I feel like the types of cases that you'll see is really important. I know it's I think it's especially important for people who are considering like higher acuity levels of care. I know some of

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my classmates who are interested in emergency medicine, one of the things that they think about is whether or not the trauma center is a level one trauma center or not. Because if you're doing emergency medicine in a hospital that is not a level one trauma center, that does influence the types of cases that you'll receive. And for those of you who don't know, level one trauma are the ones where you're in a really serious accident or there's a gunshot wound or something. If you are not a level one trauma center, then you probably aren't going to be getting those cases because they're going to be sent to a facility that can take care of those patients in the fastest way possible. So, yeah, that's that's I appreciate that perspective too.

Okay. So lots to think about. I feel like we've basically hit all the points. I don't think there's anything else that we've missed in terms of like themes, but just to sum it up, I think the big groups of things that we've been talking about in terms of things that people should be prioritizing are, one, their own support and what they're interested in. So things like geography, things like opportunities, things like fellowship matches, really all about your big picture, how you're going to be when you're there, but then like as a resident. Then there's that other side of the day-to-day. So how what is your commute going to look like? What is the cost of living in the city that you're going to be in? Sort of geography is kind of related to that as well. But I think really thinking about it in those kind of buckets are really important. But then also, I think another one is, I guess, career advancement. So if how important is that to you? What opportunities are going to be there? Before we wrap up, I want to ask you a couple more questions, Mike, if that's okay.

Mike: Sure.

Pooja: Okay. So, first, looking back on your own match experience, what do you wish that you understood at that time?

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Mike: I think and we alluded to this earlier, but I wish I knew that it was, you know, that it's true because I remember our Med school deans telling us like, "Hey, it favors you guys, it favors the applicants." But in my head, I always had something like, "Is that really true?" And how so? And maybe it wasn't explained to me as well. Granted, this is a few years ago, so it's a little bit fuzzy, but I think you explained it very well and how it does favor the applicants. And because of that, you should really rank and you shouldn't be afraid to rank how you want to rank. Things worked out for me and our couple's match went fine and we ended up in a place that we really enjoyed. I hope, I think we got a little bit lucky and I hope that everyone kind of takes that message, ranks how they want, and gets matched to where they want. And I really don't want to see someone regretting, "Oh man, I should have ranked this program higher," or, "Oh man, I should have put these guys lower because for whatever reason."

Pooja: Yeah. Yeah. No. Absolutely. I appreciate that. And I'm sure you weren't just lucky. I'm sure you were an amazing applicant. That's why you ended up where you are. But I completely agree. Before we end, there's one, I guess, point that you reference that I want to circle back to, which is you would talk about how where you end up for residency doesn't really dictate your future. And I think it's a really important point because people really place so much pressure. And I'm guilty of this as well. Placing pressure on that because they think residency is going to dictate fellowship, which is going to dictate where I work and that's going to dictate my future somehow. How do you think people can kind of separate that pressure? Because I know it's not true. I know for me, I've gone to Google and looked up faculty at institutions that I've, you know, wanted to go to or work at one day. And even at my own home institution because I would obviously love to stay, like looking at where a lot of them went to residency and realizing that a lot of them didn't necessarily go to the most competitive programs in the world. Is there

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anything else that you think people can do to kind of separate that for themselves and realize that it isn't as much pressure as they think it is?

Mike: Yeah, exactly that. I want to say that, you know, obviously, it doesn't have zero bearing. It has some bearing. But when we're in the thick of it, we really, our minds kind of do this thing where like this is the only thing that matters right now and if I screw this up, I'm finished. You know, the next 10 years and the next, my career is just my career is going downhill from there. And it's not the case. If you're listening to this, go open Google and Google, you know, the top 10, whatever, like radiation oncologists, the top 10 plastic surgeons at Stanford, at Harvard. And it's exactly like you said, I'd bet of course, there's probably going to be a few who went there and who stayed there for their school and their training and all that. But most of them didn't. And there's a lot of transfers and transplants because that's life. You move because, you know, you have family, or you move because you don't like the weather here, you move because you get a better job offer. Whatever it is, we move and we adapt and you're going to make it through this portion of your life and everything will be okay.

Pooja: Yeah. Yeah. No, thank you. Thank you.

Mike: And I think if you don't believe her, literally just like go Google it, right? Any of the top tier schools, any of the top tier programs. Most of the faculty who are literally faculty there teaching there, they might be full tenured professors there. They didn't necessarily graduate from that program. So I think that's a great way to think about it.

Pooja: Thank you. Yeah, that advice definitely didn't come from myself, came from attending of mine. But I will also say another thing I'll say, if people have questions about the rank process or how that works, the AAMC when

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you go through the application process, they have a video that explains how the algorithm works for the applicant perspective. They don't, you know, unveil the curtain the way you and I have, but if you want to understand more of the technical stuff from what I kind of explained, I got a lot of what I said from the AAMC video. So I definitely want to give a plug there because I do think it's very helpful. I don't think it's anything you need to watch now unless you're applying. But once you apply, I think it's among the first emails they send you once you register for the residency match process. They send you an email that's like, "How does our algorithm work? Learn all about it. Our Nobel Prize winning algorithm."

Mike: Is this the animated video?

Pooja: I think so. I think that's the one I watched.

Mike: Where it's like if person A applies to like Mercy and some other hospital and some other hospital and then person B applies to Mercy and some other hospital and they explain that. Yeah. It's a good video and it's short and I think it does a good job of explaining it without revealing too much.

Pooja: Right. Right. Exact exactly. Exactly. Okay. So, I think we've had a lot of key highlights, key takeaway points. I think in a couple of words, I would say the things that I learned the most from this conversation is rank how you want to rank and I will say, I think it's funny for I don't know when this is going to be released, but it's early February. So, I feel like I've asked you these questions for the podcast, but I've also asked you these questions for me. So thank you. But I will say rank how you want to rank. Don't be afraid of your ambition and stay true to what you've kind of done so far and have faith

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in that. I think are three key takeaways from me. Is there anything else that you think you want to kind of end this episode with for our listeners?

Mike: I guess the kind of takeaway, like a takeaway closing one liner for me would be that the match is something like a sorting mechanism. It's not a judgment on who you are, what your value is. So you should rank based on that, rank where you can grow, where you'll be happy, where you'll thrive, not just, "hey, I'm going to rank because I have this chip on my shoulder and I'm going to prove something." Right. Does that make sense?

Pooja: Yeah. Absolutely. It does. It does. And with that, Mike, thank you so much. This was so lovely. I definitely will advocate for you coming back so we can have more conversations, especially the one about the couple's matching. I do not envy the peers of mine who are going through it. I know it's a whole other beast in and of itself. So, definitely will want to have you come back to talk about it. But otherwise, thank you so much.

Mike: Sure. Thanks for having me.

Pooja: Of course. See you guys next time.

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