Initial Application Review:

- Test Scores:
  - What role do USMLE I/II scores play?

High scores are a plus but not heavily emphasized. There are many factors in family medicine that overshadow board performance. If you have the “right stuff” and you are equal to another applicant, the higher board scores may move you ahead on the match list. It’s always helpful to have Step 2 scores at the time of interviews.

  - Do you have a cut-off? If so, what is it?

According to our application criteria (see http://www.familymedicine.umn.edu/education-training/residency-programs/apply/applicant-criteria), applicants must not have had more than two failures in total across all parts of the USMLE exams. That said, we do not have any specific cut off in terms of a minimum score on any portion of the USMLE exams.

With any failed attempt on any part, a reasonable explanation of the conditions that lead to the fail helps decide on an interview. We have successful residents who have had fails. A higher score on Part 2 carries weight. A fail on Clinical Skills is not good.

  - Are there any mitigating factors to your cut off (in application/by contacting program)?

Explanations in your application of problems with board performance can help with decisions to interview candidates. The overall predictive value of the USMLE test scores is predating the likelihood you will pass the specialty boards at the end of residency - so more than “I do not test well” will help your case. If you have a fail in Part 1 consider doing Part 2 at a point that a good performance can help you get noticed.

- Clinical Rotations:

  - How do you incorporate clinical grades?

Our applicants are all good students, but clinical grades help us see how you perform in the field. Strong comments about your performance are helpful. Honors and excellent level performance in clinical rotations give support to your potential as a clinician.

  - Are there certain clinical rotations you pay special attention to?
Family Medicine is very broad in scope so all rotations carry some weight. The core rotations of family medicine, pediatrics, internal medicine, and OB-gyn give particular insight into the scope of practice potential.

Do rotations not in your specialty matter?

All rotations have some pertinence to Family Medicine and so doing well in all matters. A broad range of electives would be viewed in the best light. Rotations outside of family medicine are also important in helping us understand how you interact and perform clinically even in subject areas where you may not have as much interest.

Should electives be in your specialty?

They can be helpful in your site selection and can bolster an application.

How important is it for me to rotate at your institution?

Not critically important as it would be impossible for all our applicants to rotate at each of our sites. However, it does help to have had a rotation within the system of our 8 UMN Family Medicine Residency Programs, or having had an RPAP/MetroPAP/UCAM experience.

More broadly, does clinical site matter for my rotations?

No, however UCAM, RPAP, and MetroPAP experience is good for applications to our programs and valued as an educational experience.

What electives, if any, are important for my application?

Electives that correspond with your long-term educational goals and potential future practice plans in family medicine.

How important are away rotations?

Not important, although a Global Health rotation or other unique experience not offered locally may be viewed as a positive.

**Extracurricular activities/awards/honors**

Is research valued, and if so, what type? How important is it to have specialty specific research?

Research is an important part of family medicine and is noted, but it does not improve or reduce your chances of an interview. It may influence your position on a rank list, but is in the long run a minor factor. Research that leads to publications is duly noted.

How valued are extracurricular experiences? Any in particular you would recommend?

Do things you enjoy and have fun. A long list of activities makes little difference. Coaching, teaching, community service projects, free clinics, etc. are considered, but not critical for an interview. Volunteering at free clinics like Phillips Neighborhood Clinic, HOPE, or Istop (especially in leadership positions) is useful as a first or second year, but more difficult to do in years 3 and 4. FMIG, MAFP, and AAFP participation and leadership are also considered strong activities.
• Letters of Recommendation
  o How many do I need?
    3-4
  o From whom should I request them? (Which faculty, site, specialty)
    Request letters from people you have worked with and who know you well. Letters from RPAP mentors are great as they have had 9 months with you. Someone who has spent 2-4 weeks of quality time is also helpful. A poorly written letter from a big name person does not help. Remember we are trying to get to know you in a short time to make interview and rank decisions. Specifically, Chair or Department Head letters are not necessary, and are not very useful if you do not know each other well.

• Additional questions
  o How do you view Longitudinal Integrated Curricula [LIC] (eg. RPAP, MetroPAP, UCAM, new VA LIC, VALUE)?
    Very positive on applications, especially if accompanied by a good letter of recommendation and insightful reflections in your personal statements.
  o Does being a UMN graduate help or hurt me? What about not being from MN?
    A UMN graduate is a known commodity in the family medicine world so is considered a plus. Not being from Minnesota originally does not mean you have not become somewhat “Minnesotan” in your four plus years of training at the medical school.

Interview Day/Ranking:
• When should I expect to hear about interview invitations?
    We review applications as soon as they become available from ERAS and start to send out invitations about 2 weeks after the application site is open.
• How do you use the interview in the ranking process?
    The interview is a very important part of the ranking process. It is a time we use to get to know you and to see if your application matches you. It is balanced by your clinical and academic experience. Essentially, the interview allows both you and the program an opportunity to assess potential “fit” between you, your background, your educational, and your clinical aspirations. It is also a time for you to assess what the residency has to offer in terms of clinical exposure and local culture or personality of the program.
• What is the biggest mistake you see students make on interview day?
    Trying to be something they are not, or trying too hard to impress. Be yourself and you will come off as more natural. Also, never assume you are in.
• What questions would you like to hear on interview day?
We like to hear questions that will help you with your decision making regarding your choices for ranking our programs. This is as much about you as it is about us.

• What is the single greatest thing that can bump an applicant up the match list and the single greatest thing that can bump an applicant down?

Up - An interview that supports what is seen on paper; that is, you present yourself in a way that is reflected in your references and your evaluation comments from your rotations will move you up the list.

Down - Presenting an “I am not really interested” look or persona during the interview day to the interviewer, residents, staff, or others.

Final question: What is your program’s ratio of applicants? (interviewed:ranked:matched)

Family Medicine at the University of Minnesota is a highly competitive program with about 2,500 applicants each year. Most programs interview in the range of 10-15 applicants for each position. The candidate pool is very good and our selection of applicants for interviews is such that most, but not all, candidates interviewed are ranked. All eight of our family medicine residency programs generally fill in the primary match cycle, rather than in the match week SOAP.