Internal medicine Match breakdown and thoughts to assist Students and Mentors in advising students on The Match.

JIMMY HOTZ MD (LEAD MENTOR INTERNAL MEDICINE INDIANA UNIVERSITY)
WITH EDITS AND COMMENTS BY MITCH GOLDMAN MD (PROGRAM DIRECTOR INTERNAL MEDICINE-INDIANA UNIVERSITY)
2021-2022
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What are programs using to decide whether to give an interview or not?  

Source: NRMP Program Director Survey Results, 2020

The program director and coordinator on 9/29/21 will be allowed to start looking at candidate data.

*** A candidate needs to ensure all their data is in Before this date (occasionally a letter of recommendation is added slightly after this and typically does not affect the applicants ability get an interview-but not always.)
A program director is simply looking for a good person, that will work hard, treat others well, is eager to learn, fits well and will likely succeed in their program, will not cause many personality based issues, and wants to continually improve.

What are programs looking for in the match?
Source: NRMP Program Director Survey Results, 2020(see slide 6 for 2020 data->step 2 ck now more important)

| Figure IM-2 | Internal Medicine
<p>| Percentage of Programs Citing Each Factor And Mean Importance Rating* for Each Factor in Ranking Applicants (N=44) |</p>
<table>
<thead>
<tr>
<th>Percent Citing Factor</th>
<th>Average Rating</th>
</tr>
</thead>
<tbody>
<tr>
<td>Interpersonal skills</td>
<td>95%</td>
</tr>
<tr>
<td>Interactions with faculty during interview and visit</td>
<td>95%</td>
</tr>
<tr>
<td>Interactions with housestaff during interview and visit</td>
<td>88%</td>
</tr>
<tr>
<td>Feedback from current residents</td>
<td>82%</td>
</tr>
<tr>
<td>Letters of recommendation in the specialty</td>
<td>73%</td>
</tr>
<tr>
<td>USMLE Step 1 score</td>
<td>82%</td>
</tr>
<tr>
<td>USMLE Step 2 score</td>
<td>84%</td>
</tr>
<tr>
<td>Perceived interest in program</td>
<td>68%</td>
</tr>
<tr>
<td>Evidence of professionalism and ethics</td>
<td>77%</td>
</tr>
<tr>
<td>Perceived commitment to specialty</td>
<td>55%</td>
</tr>
<tr>
<td>Leadership qualities</td>
<td>59%</td>
</tr>
<tr>
<td>Medical Student Performance Evaluation (MSPE/Dean’s Letter)</td>
<td>80%</td>
</tr>
<tr>
<td>Audition elective/rotation within your department</td>
<td>36%</td>
</tr>
<tr>
<td>Personal prior knowledge of the applicant</td>
<td>41%</td>
</tr>
<tr>
<td>Personal Statement</td>
<td>48%</td>
</tr>
<tr>
<td>Class ranking/quartile</td>
<td>64%</td>
</tr>
<tr>
<td>Passing USMLE Step 2 CS</td>
<td>73%</td>
</tr>
<tr>
<td>Other life experience</td>
<td>50%</td>
</tr>
<tr>
<td>Any failed attempt in USMLE</td>
<td>57%</td>
</tr>
</tbody>
</table>

*4 top factors in the program ranking an applicant amounts to interactions, interpersonal skills, and feedback from others interacting with the applicant.
What are programs looking for? 2020 data

The column on the left are the most important factors for getting you in the interview, the column on the right are the factors that get you ranked. Please note that the importance on step 2 ck is much higher than it previously had been.

*2021 survey data not yet available
7. Factors in determining residents success in program

Average rating on a scale of 5 (5=very important)

- Professionalism: 4.9
- Ethics: 4.9
- Quality of patient care: 4.9
- Clinical competency: 4.8
- Communication skills: 4.8
- Passing board certification examination: 4.7
- Personality: 4.4
- Academic performance during residency: 4.4
- Ability to teach medical students: 4.4
- Performance in-training examination: 3.9
- Patient Satisfaction Scores: 3.7
- Research and publications: 3.1
What are programs using to decide whether to give an interview or not?

A program director and coordinator will “turn on their ERAS” and start to narrow down candidates to interview by using a system of filters.

As one sees in the previous slide step two is the most important filter (step 1 is still important-they will slide the step 1 and 2 filter upward and then downward to start to narrow their field->even though on Frieda and Residency explorer you will see minimum score to apply this in reality is not always the case)

***Historically programs used shelf exams as a point in time comparison for candidates; it also aids mainly to help narrow their number of candidates down and to help predict those at risk of failing their medicine board exams->though now we think the In-Training Medicine exam taken as a resident is actually a better predictor of this (ref: Academic Medicine 4/7/20 https://journals.lww.com/academicmedicine/Abstract/9000/Correlations_Between_the_USMLE_Step_Examinations,.97222.aspx

Honestly for larger programs many of the other things like personal statements and letters of recommendation are actually read more closely only after selecting most to the candidates as it is not feasible to read 2000-5000 personal statements. Being a US citizen as an MD typically does make you a more competitive candidate at most but not all programs.

Other key things to highlight- a step fail->even if you pass the second time with a high mark will result in a candidate getting filtered out of many programs->see How do I know how competitive I am?

Other key factors are actually individually determined by the Director and Coordinator->most programs strive to ensure their applicant pool is as diverse and well rounded as possible.
Factors that **DO NOT** get you an interview

Factors that **DO NOT** get you an interview (and later a match)

- Number of papers, jobs, research (at most programs), and volunteer experience

- Remember they are matching you the person and what kind of resident they feel you will be.

- As you saw in the preceding slides *none of these factors* were on the top 10 most important factors when matching or ranking a candidate.

- If you are going to do something, do it because you have passion and believe in it not to stuff your resume.
Applying smart

The AAMC (American Associate of American Medical Colleges) recommends a process of Applying Smart->
https://students-residents.aamc.org/applying-residency/apply-smart-residency/
*still good data and strategy->however data is on step 1; now step 2 is more important

What Does this really means? I look a the match process as a business->you need a proper strategy in order to have the best chance at the desired outcome->A Match!

What I recommend a candidate do is to first breakdown their own profile into the quintiles designed by NRMP and Quartiles of AAMC->Residency Explorer. (*these largely overlap)->together you will then stack the programs that the candidate is most competitive for.

To do this we are going to use the AAMC’s Residency Explorer later NRMP’s Interactive Charting outcomes. go to 1-> https://www.residencyexplorer.org/ (long in and create and account-)
Applying smart -> Residency Explorer

https://www.residencyexplorer.org/ (long in and create and account using your AAMC login information (the downside to this is you can only create 3 profiles once in->but we can use the data regardless.

Next you will click on MY Profile-> fill our the rough number of research, papers, volunteering, and step scores->please note that this information is not shared->and note again the number of research, papers, volunteering do not get you ranked or matched generally

Next press Save and Continue->the next set of data you will see is the actual programs->I will show you the best strategy to use from here in the next slide.

* Monday, May 17, 2021, Residency Explorer closed for maintenance as we prepare for the launch of the 2022 residency application cycle. Residency Explorer will be available in June, including updated data from the 2021 residency application cycle.
Residency Explorer->Search in a geographical manner->methodically state by state. (the candidate I loaded was a step 1 score of 222 and step 2 score of 231)->what to focus on->Really on step 2 when they are making their initial list (and to a lesser extent step 1)->in general the higher percentage you see of US MD grads the more competitive the program.

Focus mainly on programs in the Grey and black.

*Please note that for your IU students the state of Indiana program Directors typically take a more in depth look at the IU students and might interview someone that is in the lower 25%.
Residency explorer->next click on programs->the most usable date is the contact info, the actual website used, and next scrolling down you see programs breakdowns if you see programs never interviewing someone outside of their “Region” your candidate might get filtered by some regional bias and thus their chance at an interview would not be as high potentially->if the candidate is really set on going to the program encourage them to reach out to the program (can do before and after they have applied if they have not heard back).
NRMP Interactive matching outcomes - what your candidates will see is how folks did in the previous year - make sure the preferences are as I have put them.

I would phrase this..."Last year there were 318 folks with step 2s in the 210-219 range - 96% of them matched in medicine, 220-229 - 97% matched, 230-239 - 99% matched! What can we do as a team to ensure that you stay in the match zone here?" -> Answer stack your programs with ones you are competitive for using Residency Explorer.
AMA’s website—really a good way to find programs—>

I like the map feature and searching by states and program type. Once you click on the program it gives you the basic breakdown which is only mildly helpful as these are ACGME accredited places and only allowed to vary slightly.

Have the candidate be sure to have reviewed the residency home page (listed on this site) and glance over the program breakdown before interviewing (Try to not ask superficial questions—go for deep questions).
Freida - again the program work and features function are not as helpful here at narrowing programs to apply to, but does give good basic information.
Timeline for the match 2021-Source NRMP and AAMC

https://students-residents.aamc.org/applying-residency/article/eras-timeline-md-residency/

UPCOMING DEADLINES

Select Match: Main Residency

<table>
<thead>
<tr>
<th>DATE</th>
<th>ACTIVITY</th>
</tr>
</thead>
<tbody>
<tr>
<td>SEP 15</td>
<td>12:00 p.m. ET: 2022 Match Registration opens</td>
</tr>
<tr>
<td>OCT 1</td>
<td>8:00 a.m. ET: Medical schools begin uploading rising seniors</td>
</tr>
<tr>
<td>JAN 31</td>
<td>11:59 p.m. ET: Applicant Standard Registration Deadline for the Match and SOAP ($80 additional fee for late registration)</td>
</tr>
<tr>
<td></td>
<td>• Program quota change, program withdrawal, and program SOAP participation status deadlines</td>
</tr>
<tr>
<td>FEB 1</td>
<td>12:00 p.m. ET: Ranking opens</td>
</tr>
<tr>
<td></td>
<td>• Medical schools begin verifying student/graduate graduation credentials</td>
</tr>
<tr>
<td>MAR 2</td>
<td>9:00 p.m. ET: Rank Order List Certification Deadline</td>
</tr>
<tr>
<td></td>
<td>• Applicant late registration for the Match and SOAP and Match withdrawal deadline</td>
</tr>
<tr>
<td></td>
<td>• Medical school student/graduate graduation credentials verification deadline</td>
</tr>
<tr>
<td></td>
<td>• Institutional official change approvals deadline</td>
</tr>
<tr>
<td></td>
<td>• Program reversion deadline</td>
</tr>
<tr>
<td>MAR 14</td>
<td>Match Week Begins</td>
</tr>
<tr>
<td></td>
<td>A detailed Match Week and SOAP schedule will be released as soon as it is finalized</td>
</tr>
<tr>
<td>MAR 18</td>
<td>Match Day!</td>
</tr>
</tbody>
</table>

ERAS 2022 Residency Timeline

<table>
<thead>
<tr>
<th>Date</th>
<th>Activity</th>
</tr>
</thead>
<tbody>
<tr>
<td>May 31, 2021</td>
<td>ERAS 2021 season ends at 5 p.m. ET.</td>
</tr>
<tr>
<td>June 9, 2021</td>
<td>ERAS 2022 season begins at 9 a.m. ET.</td>
</tr>
<tr>
<td>September 1, 2021</td>
<td>Applicants may begin submitting applications to programs at 9 a.m. ET.</td>
</tr>
<tr>
<td>September 29, 2021</td>
<td>Residency programs may begin reviewing applications and MSPEs at 9 a.m. ET.</td>
</tr>
<tr>
<td>May 31, 2022</td>
<td>ERAS 2022 season ends at 5 p.m. ET.</td>
</tr>
</tbody>
</table>
Breakdown - the key factors students say they use in applying to a program (thus lead in question when you sit down with a student is - what factors are you looking for in a program)-> #1 desired geographic location, #2 how well they feel they will Fit the program, #3 Reputation

When ranking, students site the following as the most important->

#1 how well they feel they FIT with the program (you will get questions this year on how the zoom interviews will affect this -> in reality no one has any data on this -> please try and avoid winging an answer let them know there is no data -> however many program are trying their best to show off their programs and have you meet them virtually);

#2 Interview day experience (same answer should be given);

#3 Desired location

#4 Quality of the Residents in the program
The percentage of all U.S. MD seniors who matched to their first-choice programs was 46.4 percent, almost three-quarters (79.6%) of U.S. MD seniors matched to one of their top 4 choices.

US MD graduates in medicine matched at a rate of 98.4% in 2021 very similar to previous year’s numbers.

Couples continued to enjoy great success in 2021 as a whole in the match all fields the match rate for couples was 93.4 percent.
US MD graduates in medicine match at 98.4% when only ranking medicine.
The numbers are favorable for a medicine match

For every US MD graduate wanting to do medicine there are 2.18 positions
In all specialties people generally end up in their top 5!

Figure 7
Percent of Matches by Choice and Type of Applicant, 2021

Matched Applicants

MD Seniors
- First Rank: 46.4%
- Second Rank: 15.7%
- Third Rank: 10.2%
- Fourth Rank: 7.3%

DO Seniors
- First Rank: 42.4%
- Second Rank: 18.0%
- Third Rank: 11.8%
- Fourth Rank: 8.1%

SAP Crystal Reports - (kinstacdn.com)  Source-Results and data 2021
Main Residency Match-NRMP
AAMC -> How may programs should I apply to? *one could argue to use step 2 when considering this now...
The average person that matched had about 12.4 programs ranked: ideally try to be around this number.

*Students who only applied to medicine appeared to have a higher chance of matching though this is a self selected more competitive cohort.

*Step one if the main filter point for the USMD seniors (failed Step exams would also be a key one) -> see strategy section later for how to coach your students.

**Table IM-1** Summary Statistics on U.S. MD Seniors  
*Internal Medicine*

<table>
<thead>
<tr>
<th>Measure</th>
<th>Matched (n=3,364)</th>
<th>Unmatched (n=89)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Mean number of contiguous ranks</td>
<td>12.4</td>
<td>3.9</td>
</tr>
<tr>
<td>2. Mean number of distinct specialties ranked</td>
<td>1.0</td>
<td>1.3</td>
</tr>
<tr>
<td>3. Mean USMLE Step 1 score</td>
<td>235</td>
<td>218</td>
</tr>
<tr>
<td>4. Mean USMLE Step 2 score</td>
<td>248</td>
<td>230</td>
</tr>
<tr>
<td>5. Mean number of research experiences</td>
<td>3.3</td>
<td>3.0</td>
</tr>
<tr>
<td>6. Mean number of abstracts, presentations, and publications</td>
<td>6.2</td>
<td>5.1</td>
</tr>
<tr>
<td>7. Mean number of work experiences</td>
<td>3.3</td>
<td>2.3</td>
</tr>
<tr>
<td>8. Mean number of volunteer experiences</td>
<td>7.3</td>
<td>5.8</td>
</tr>
<tr>
<td>9. Percentage who are AOA members</td>
<td>17.4</td>
<td>3.4</td>
</tr>
<tr>
<td>10. Percentage who graduated from one of the 40 U.S. medical schools with the highest NIH funding</td>
<td>33.6</td>
<td>22.5</td>
</tr>
<tr>
<td>11. Percentage who have Ph.D. degree</td>
<td>4.7</td>
<td>7.2</td>
</tr>
<tr>
<td>12. Percentage who have another graduate degree</td>
<td>17.7</td>
<td>18.3</td>
</tr>
</tbody>
</table>

Note: Only U.S. MD seniors who gave consent to use their information in research are included. 
Sources: NRMP Data Warehouse, Top 40 U.S. medical schools with the highest NIH funding in measure 10 is from the NIH website (http://report.nih.gov/award/index.clm).
How many programs should I apply to?

This is a very loaded question that in reality only has an individual answer.

It depends on how competitive they are relative to the mean applicant who matched at that program they are applying to which we then slide the program number up or down depending on how many “reach” programs that they are applying to.

see match strategy later.

*I believe this is 2019 data*
<table>
<thead>
<tr>
<th>Specialty</th>
<th>Matched MD</th>
<th>Matched DO</th>
<th>Unmatched MD</th>
<th>Unmatched DO</th>
<th>Total MD</th>
<th>Total DO</th>
<th>Percent Matched MD</th>
<th>Percent Matched DO</th>
<th>Percent Unmatched MD</th>
<th>Percent Unmatched DO</th>
</tr>
</thead>
<tbody>
<tr>
<td>Anesthesiology</td>
<td>997</td>
<td>204</td>
<td>104</td>
<td>59</td>
<td>1,101</td>
<td>263</td>
<td>6.4</td>
<td>4.2</td>
<td>9.4</td>
<td>22.4</td>
</tr>
<tr>
<td>Child Neurology</td>
<td>75</td>
<td>14</td>
<td>1</td>
<td>0</td>
<td>76</td>
<td>14</td>
<td>0.5</td>
<td>0.3</td>
<td>1.3</td>
<td>0.0</td>
</tr>
<tr>
<td>Dermatology</td>
<td>128</td>
<td>13</td>
<td>20</td>
<td>8</td>
<td>148</td>
<td>21</td>
<td>0.8</td>
<td>0.3</td>
<td>13.5</td>
<td>38.1</td>
</tr>
<tr>
<td>Emergency Medicine</td>
<td>1,651</td>
<td>669</td>
<td>165</td>
<td>96</td>
<td>1,816</td>
<td>765</td>
<td>10.6</td>
<td>13.8</td>
<td>9.1</td>
<td>12.5</td>
</tr>
<tr>
<td>Family Medicine</td>
<td>1,425</td>
<td>1,194</td>
<td>23</td>
<td>51</td>
<td>1,448</td>
<td>1,245</td>
<td>9.2</td>
<td>24.6</td>
<td>1.6</td>
<td>4.1</td>
</tr>
<tr>
<td>Internal Medicine</td>
<td>3,489</td>
<td>1,232</td>
<td>55</td>
<td>55</td>
<td>3,544</td>
<td>1,287</td>
<td>22.4</td>
<td>25.4</td>
<td>1.6</td>
<td>4.3</td>
</tr>
</tbody>
</table>
Ranking - As many programs as you feel comfortable being at - As you will see at least above 6 appears to be the sweet spot -> I rec trying to get to ~13 -> though if you get say 9 interviews; MAX these interviews out and rank these 9 (again if you feel comfortable there - usually a match is better than no match at all). Anecdotal evidence - I had a sibling match at the last schools on their list -> and they LOVED it -> there are many great places to do your training!

Chart IM-2

Number of Contiguous Ranks of U.S. MD Seniors
Internal Medicine

Source: NRMP Data Warehouse

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Probability of U.S. MD Seniors Matching to Preferred Specialty by Number of Contiguous Ranks

Internal Medicine

**Probability of Matching**

- **X-axis:** Number of Contiguous Ranks
- **Y-axis:** Probability of Matching

The graph shows the probability of matching increases as the number of contiguous ranks increases.
The right number of programs varies applicant to applicant. Ideally I would create a list in which up to 75% of the programs are in the applicants “Hit Range” on the residency explorer (grey circle step 1). The rest of the programs-> I would try to have 15-20% in the protected range (black circle), and up to 5-10% could be considered to be reach programs (those with open circles in residency explorer.

If you are a competitive candidate this might be 20-30 programs if they are selected in the manner described preciously. (again competitive is relative->Step 2 score of 250+ with honors in many rotations is competitive everywhere; however a person with a High 230s who selects programs in their zoon would be competitive for these programs)...again Apply Smart!

If you have a step score less than 220 or have a fail. I would make sure that I add a large number from the list at the end of the presentation of those programs that did not fill (on top of the other programs). (If your score is in the 220s consider adding several from this list-see next slide for additional comments)

For those with the failed steps and lower board scores (190s to ~210 in the past to generate a match we have at times had the applicant apply to a large volume of programs~100 this is not ideal and is the exception to the rule but when a candidate has a failed step exam or a low board score these in the past have been candidates that have needed this technique.
Unfortunately Step 1 score does matter...so does Step 2

Goldman-> “Lower STEP 1 scores (x < 220 cohort, STEP 2 scores may play a significant factor as if those are higher it gives a PD a potential degree of comfort that the individual can master more clinically focused material (a positive).”

Goldman->“The focus on STEP 1 historically is not because it is such important material, but rather it is often the only comparable objective data point available at the time an application is submitted. With the movement to no longer score STEP 1 on the horizon as it relates to applications, many programs will likely place greater emphasis on STEP 2 and may be using STEP 2 scores as a greater factor this year.”
Can you match with a ~200-209 step one score?

Last year in 2020->92% of students did-

to push this percentage up see strategy section!

Family medicine 200-209 matched at 96% over the same interval.
These aspects typically do not get you through any filter system to get an interview and typically do not help you match.
These aspects typically do not get you through any filter system to get an interview and typically do not help you match.
Interview tips for the 2021-2022 season – Goldman...

- Presenting one’s self as aloof or disinterested in order to project confidence or strength is never helpful. Program Directors are looking for residents who are humble and acting interested during the interview. Avoid any negative talk about your home institution or others.

- With all interviews being done via teleconference, programs no longer can use the fact that an applicant was willing to travel, spend money etc. to interview to establish the potential level of interest for any applicant. As such, I have recommended demonstrating interest (again this cannot be said enough) in the program via video interviews I think this will be helpful. Research the program and city->be able to ask more than superficial questions. Be able to talk about something you found unique and fascinating about the program and city when you were prepping for the interview!

- Given the limited contact time with residents, faculty, and others expected via teleconference interviews I would expect greater standardization of questions or approaches to interviews at a level above that we typically see. As such, Interviews may be less spontaneous and applicants may hear 1-2 behavioral questions during all of their interviews. This past year the interviews became more natural overtime and we did not experience much of a difference from previous years...if anything the applicants were more focused and engaged.

- As such I would consider finding a resource for behavioral questions-see if the school has one for you->prep with your buddies on these in order to get yourself in the right frame of mind to answer these questions.

- I would not get upset if the interviews at a program appeared more robotic due to adaptation to teleconferencing world->roll with the changes and show them your best self->you want to work hard, are a good person, and are ready to learn and be a part of the team! If something happens with the tele-link->roll with it and work with them->they want to see Grace under pressure!
At least in Medicine, the folks that duel applied appear to have had a lower chance to match than those that just applied to medicine if one looks at the data. In general these were less competitive candidates however in medicine the directors are also looking for folks that are true to their mission.

In general, I do not recommend this. However there are some that would say one could consider it in the most at risk applicants (failed steps exams and boards in the 190s and low 200s).
The following slides list by state the unfilled programs from the 2 prior years. Programs can become unfilled for a variety of reasons:

1. They are just not that competitive;
2. They have misjudged how competitive they are for example a program decides that they will only rank folks with a step score above 230...well their applicant cohort that interviewed with them also will interview with numerous other residencies and might choose another one above them;
3. If this happens too much they have a residency application pool and match list-mismatch and end up with unfilled spots.
4. Others seem to not fill each year-it is likely that they are indeed not competitive but perhaps the director is not willing to take a risk on additional candidates that they deem more risky (to pass medicine boards or to work with) and just decide that not having a candidate fill the position will affect their mission less than the wrong candidate filling the position.

****I would strongly recommend you have all you candidates with step 2 scores below 221 OR any Fails Step 1/2 or fail in medical school-look at this list. Please consider adding as many of these programs you wish to their list. If you find this format hard to read just get this directly from:

https://www.nrmp.org/main-residency-match-data/ then click on #4 Program results from 2017-2021

In addition to this -> Dr. Rusk and I recommend that you visit newly accredited list from the AAMC.

https://apps.acgme.org/ads/Public/Reports/Report/8 Look at the list of newly accredited programs and apply to these -> for example in 2021 there is 24 new PROGRAMS! Consider looking at the list for the past 4 years and add to your program list the ones you feel fits you best. These are largely new programs so there is some unknown. But the goal is a match and these have an ACGME accreditation and thus must follow standard training protocols. Indiana’s new program is 1401700002 Parkview Health Program.
2021 Unfilled programs-building list currently.

Currently go to https://www.nrmp.org/main-residency-match-data/ then click on #4 Program results from 2017-2021
Unfilled programs by state - 2020

Alabama
- U Alabama SOM-Huntsville =Internal Medicine/SACM 2947140C1 one position did not fill

Alaska
- no medicine positions offered.

Arizona
- Abrazo Health Network-AZ Internal Medicine 2002140C0 one unfilled position
- Midwestern University OPTI-AZ Phoenix Internal Medicine/Cottonwood 2156140C0 4 unfilled spots

Arkansas
- Baptist Health-AR Internal Medicine 2198140C0 2 unfilled spots

California
- Adventist Health White Memorial-CA Internal Medicine 1040140C0 3 unfilled spots
- San Ysidro Health-CA Internal Medicine 2220140C0 one unfilled spot

Colorado
- HealthOne Internal Medicine/Sky Ridge 1997140C0 9 unfilled spots
Connecticut - Filled
Delaware - Filled
District of Columbia - Filled

Florida ->140 unfilled spots!!!
- East Florida GME Consortium Tamarac Internal Medicine 2232140C0 8 unfilled spots
- HCA Healthcare/USF Morsani GME-Blake-FL Bradenton Internal Medicine 1899140C0 19 unfilled spots!
- HCA Healthcare/USF Morsani GME-Brandon-FL Internal Medicine 1772140C0 14 unfilled spots
- HCA Healthcare/USF Morsani GME-Citrus-FL Inverness Internal Medicine 2195140C0 14 unfilled spots
- HCA Healthcare/USF Morsani GME-Largo-FL Internal Medicine 1981140C0 10 unfilled spots
- HCA Healthcare/USF Morsani GME-Oak Hill-FL Brooksville Internal Medicine 1662140C0 18 unfilled spots!
- HCA Healthcare/USF Morsani GME-Trinity-FL-Internal Medicine 2235140C0 9 unfilled spots
- HCA Healthcare/USF Morsani-Bayonet Pt-FL-Internal Medicine 2137140C0 5 unfilled spots
- HCA Healthcare/USF Morsani-Northside-FL St Petersburg-Internal Medicine 2107140C0 7 unfilled spots
- Mayo Clinic School of Grad Med Educ-FL Jacksonville Internal Medicine 1032140C0 3 unfilled spots
- Orange Park Med Ctr-FL Orange Park Internal Medicine 1771140C0 10 unfilled spots
- Palmetto General Hosp-FL Hialeah Internal Medicine 2121140C0 13 unfilled spots
- UCF COM/GME Consortium-FL Internal Med/Gainesville 1587140C2 9 unfilled spots
Unfilled programs by state – 2020 (continued)

**Georgia**
- Coliseum Med Ctrs-GA Macon Internal Medicine Macon 1972140C0 2 unfilled spots
- HCA Healthcare Redmond Regional Medical Center Program Rome 1401200930C 12 unfilled spots
- Northside Hospital Gwinnett-GA Lawrenceville Internal Medicine 1796140C0 2 unfilled spots

**Hawaii**
- Tripler Army Med Ctr-HI Tripler Amc Internal Medicine 1431140C0 1 unfilled spot

**Idaho**
- Eastern Idaho Reg Med Ctr Idaho Falls Internal Medicine 2140140C0 7 unfilled spots

**Illinois** – Filled
**Indiana** – Filled
**Iowa** – Filled
**Kansas** – Filled

**Kentucky**
- Appalachian OPTIC-KY Pikeville Internal Medicine 2134140C0 4 unfilled spots
- Appalachian Regional Healthcare-KY Lexington Internal Medicine 2227140C0 2 unfilled spots
Unfilled programs by state – 2020 (continued)

**Louisiana** - Filled

**Maine** - Filled

**Maryland**
- St Agnes Hospital-MD Baltimore Internal Medicine 1247140C0 3 unfilled spots

**Massachusetts** - Filled

**Michigan**
- Ascension Genesys Hospital-MI Grand Blanc Internal Medicine 1308140C0 6 unfilled positions
- Mercy Health Muskegon-MI Internal Medicine 2102140C0 5 spots not filled

**Minnesota** – Filled

**Mississippi**
- Merit Health Wesley-MS Hattiesburg Internal Medicine 2174140C0 1 unfilled spot

**Missouri**
- Still OPTI-Northeast Reg Med Ctr-MO Kirksville Program Internal Medicine 2152140C0 2 unfilled spots
Montana - Filled

Nebraska - Filled

Nevada
- U Nevada Las Vegas SOM Las Vegas Internal Medicine 2028140C0 1 unfilled spot
- Valley Hosp Med Ctr-NV Las Vegas Internal Medicine 2223140C0 8 unfilled spots

New Hampshire - Filled

New Jersey
- Hoboken Univ Med Ctr-NJ Hoboken Internal Medicine/Bayonne 1451140C0 12 unfilled spots
- Inspira Health Network-NJ Vineland Program 2086140C0 1 unfilled spot
- Rowan University SOM- NJ Stratford Internal Medicine 2120140C0 8 unfilled spots

New Mexico – Filled

New York
- Nassau Univ Med Ctr-NY East Meadow Internal Medicine 1448140C0 15 unfilled spots
- Orange Reg Med Ctr-NY Middletown Internal Medicine 2230140C0 3 unfilled spots
North Carolina
- Campbell University-NC Lillington Internal Medicine/Cape Fear 2128140C0 9 unfilled spots
- Campbell University-NC Lillington Internal Medicine/Harnett Health 2128140C2 4 unfilled spots
- Carolinas HealthCare Sys Blue Ridge-NC Morganton Internal Medicine 1914140C0 1 unfilled spot

North Dakota - Filled

Ohio
- Adena Health System-OH Chillicothe Internal Medicine 2127140C0 1 unfilled spot
- Fairfield Med Ctr-OH Lancaster Internal Medicine 2208140C0 1 unfilled spot
- Kettering Health Network-OH Kettering Program Internal Medicine/Grandview 1576140C1 2 unfilled spots
- University Hosps Osteo Consortium-OH Westlake Internal Med/Osteo/Regionals 2189140C1 3 unfilled spots
- University Hosps Osteo Consortium-OH Westlake Internal Med/Osteopathic/SJMC 2189140C2 2 unfilled spots

Oklahoma – Filled

Oregon - Filled
Unfilled programs by state – 2020 (continued)

Pennsylvania
- Crozer-Chester Med Ctr-PA Upland Internal Medicine 3185140C0 one unfilled spot
- Jefferson Health-Northeast-PA Philadelphia Program Internal Medicine 2103140C0 3 unfilled spots
- LECOM Health-PA Erie Internal Medicine 2031140C0 5 unfilled spots
- Nazareth Hospital-PA Philadelphia Internal Medicine 1932140C0 4 unfilled spots
- Philadelphia Coll of Osteo Med-PA Philadelphia Internal Medicine 2158140C1 4 unfilled spots

Puerto Rico - Filled
Rhode Island - Filled
South Carolina – Filled
South Dakota - Filled
Tennessee – Filled

Texas
- Corpus Christi Med Ctr-TX Corpus Christi Program Internal Medicine 2110140C0 5 unfilled spots
- HCA Houston Healthcare/U Houston-TX Houston Internal Medicine 2211140C0 19 unfilled spots
- Medical City Weatherford-TX Weatherford Internal Medicine 2142140C0 5 unfilled spots
- Presbyterian Hosp-Dallas-TX Dallas Internal Medicine 1719140C0 2 unfilled spots
Unfilled programs by state – 2020 (continued)

Utah - Filled

Vermont - Filled

Virginia

- HCA Healthcare LGH-Montgomery/VCOM-VA Blacksburg Program Internal Medicine 2192140C0 4 unfilled spots
- LewisGale Med Ctr-VA Salem Internal Medicine 2129140C0 14 unfilled spots
- Norton Community Hosp-VA Norton Internal Medicine 2112140C0 8 unfilled spots
- Sovah Health-Danville-VA Danville Program Internal Medicine 2145140C0 3 unfilled spots

Washington - Filled

West Virginia - Filled

Wisconsin - Filled

Wyoming - No programs
Unfilled programs by state - 2019

Alabama - state filled

Alaska - no medicine programs

Arizona
- HonorHealth-AZ Internal Med/Thompson Peak 1929140C0 3 unfilled spots

Arkansas - state filled

California
- College Med Ctr-CA Internal Medicine 2133140C0 4 unfilled spots
- Community Mem Health Sys-CA Internal Medicine 2018140C0 6 unfilled spots
- Hemet Valley Med Ctr-CA Internal Medicine 2124140C0 1 unfilled spots
- St Mary Med Ctr-Long Beach-CA Internal Medicine 1025140C0 2 unfilled positions

Colorado
- HealthONE-CO Internal Medicine/Sky Ridge 1997140C0 1 unfilled position
- Rocky Mountain OPTI-CO Internal Medicine 2172140C0 3 unfilled positions
Connecticut
- Greenwich Hospital Internal Medicine 1082140C0  1 unfilled position

Delaware – filled

District of Columbia - filled

Florida
- Brandon Regional Hospital Internal Medicine 1772140C0  8 unfilled positions
- Citrus Memorial Hospital Internal Medicine 2195140C0 14 unfilled positions
- Manatee Memorial Hosp. Internal Medicine 2109140C0 1 unfilled position
- Northside Hospital Internal Medicine 2107140C0 6 unfilled spots
- Oak Hill Hospital-FL  Internal Medicine 1662140C0  8 unfilled spots
- Orange Park Med Ctr-FL  Internal Medicine 1771140C0  1 unfilled spot
- Regional Med Ctr Bayonet Point Internal Medicine 2137140C0  15 unfilled spots

Georgia
- Morehouse School of Med Internal Medicine 2099140C0  5 unfilled positions
- Northeast Georgia Med Ctr  Internal Medicine 2166140C0  1 unfilled position
- Redmond Regional Med Ctr Internal Medicine 1867140C0  1 unfilled position
Unfilled programs by state – 2019 (continued)

Hawaii - filled

Idaho
  ➢ Boise VA Med Ctr Internal Medicine 1172140C0 4 unfilled positions

Illinois – Filled

Indiana - Filled

Iowa
  ➢ Central Iowa Health System Int Med/IA Methodist 1201140C0 2 unfilled spots
  ➢ Mercy Med Ctr Internal Medicine 2015140C0 1 unfilled spot

Kansas - filled

Kentucky
  ➢ Appalachian OPTIC Internal Medicine 2134140C0 4 unfilled spots

Louisiana
  ➢ LSU SOM New Orleans-Internal Medicine 1224140C0 1 unfilled spot
Unfilled programs by state – 2019 (continued)

Maine – Filled

Maryland – Filled

Massachusetts – Filled

Michigan
- Ascension Macomb Internal Medicine/Osteopathic 1930140C0 5 spots
- Authority Health GME Internal Medicine 1920140C0 1 unfilled spot
- Genesys Reg Med Ctr Internal Medicine 1308140C0 2 unfilled spots
- McLaren Health Care Corp Internal Medicine/Macomb 1866140C2 6 unfilled spots
- Metro Health/U Michigan Health Internal Medicine 2170140C0 4 unfilled spots
- St Joseph Mercy-Oakland Internal Medicine 1319140C0 3 unfilled spots

Minnesota – Filled

Mississippi
- Merit Health Wesley Internal Medicine 2174140C0 1 unfilled position
Missouri
- KCU-GME Consortium Internal Medicine/Freeman 1987140C0 3 unfilled positions
- Research Med Ctr Internal Med/Overland Park 2984140C0 2 unfilled positions

Montana – Filled

Nebraska – Filled

Nevada – Filled

New Hampshire – Filled

New Jersey
- Inspira Med Ctr Woodbury Internal Medicine 2086140C0 6 unfilled positions
- Rutgers-Internal Med/Trinitas 1398140C2 2 unfilled spots

New Mexico – Filled

New York
- Samaritan Med Ctr-NY-Watertown Internal Medicine 2024140C0 1 unfilled
North Carolina
- Campbell University-NC Internal Medicine/Cape Fear 2128140C0 10 unfilled spots
- Carolinas HealthCare Sys Blue Ridge-NC Morganton-Internal Medicine 1914140C0 5 unfilled
- Carolinas Med Ctr-NC Internal Medicine 1527140C0 2 unfilled spots

North Dakota – Filled

Ohio
- Doctors Hospital-OhioHealth Columbus Internal Medicine 2122140C0 3 unfilled spots
- Mount Carmel Health-Columbus Internal Medicine 1565140C0 7 unfilled spots
- Western Reserve Hosp-OH Cuyahoga Falls 2 unfilled spots

Oklahoma
- Oklahoma State U Ctr for Health Tulsa- 2162140C0 1 unfilled spot

Oregon – Filled
Pennsylvania

- LECOM Health-PA Erie Internal Medicine 2031140C0 5 unfilled spots
- UPMC Pinnacle Lititz-PA Lititz 2173140C0 2 unfilled spots

Puerto Rico – Filled

Rhode Island – Filled

South Carolina – Filled

South Dakota – Filled

Tennessee

- Baptist Mem Hosp-TN Memphis Internal Medicine 1694140C0 4 unfilled spots

Texas

- HCA Gulf Coast Ed Consortium-TX Houston Internal Medicine 2211140C0 15 unfilled spots
- Medical City Fort Worth-TX Fort Worth Internal Medicine 1642140C0 2 unfilled spots
Unfilled programs by state – 2019 (continued)

Utah – Filled

Vermont – Filled

Virginia
- Norton Community Hosp-VA Norton Internal Medicine 2112140C0 5 unfilled
- Sovah Health-Danville-VA Danville Internal Medicine 2145140C0 4 unfilled
- VCOM/LGHM GME Consortium-VA Blacksburg Internal Medicine 2192140C0 6 unfilled

Washington
- Trios Health-WA Kennewick Internal Medicine 2167140C0 2 unfilled

West Virginia – Filled

Wisconsin – Filled

Wyoming - no programs

If you do not match -> SOAP -> matches very well! Keep on going you can do it!

### Table 18
**Participating Programs and Positions Filled in SOAP, 2019 - 2020**

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