



COLLEGE
OF MEDICINE
PHOENIX

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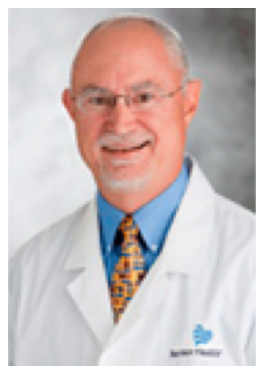
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THE SPECIALTY REPORT



From the Chair: Jeffrey Wolfrey, MD

Dr. Jeffrey Wolfrey has been the chairman of the Department of Family, Community and Preventive Medicine at the University of Arizona College of Medicine – Phoenix since his appointment in July of 2016. He also serves as the chairman of the Banner – University Medical Group Phoenix Department of Family Medicine and is board certified in family medicine. He attended The University of Virginia for both undergraduate education and medical school. Dr. Wolfrey then moved to Phoenix in 1983 and completed his Family Medicine residency at Good Samaritan Hospital.

What drew you to family medicine as a specialty? “It began as a general, ill-defined interest in medicine early on in my life. I did not have any family members in medicine but my sister was born with congenital urological issues. She was seen frequently at the University of Virginia for care and observing her

experience with the healthcare system kindled my interest. Early on in medical school, I was drawn in a more generalist direction. The biopsychosocial model of approaching patients in a broad context appealed to me. I enjoyed the ‘detective work’ of tackling undifferentiated problems. During my clerkship years, I was impressed by the way Family Medicine residents emphasized efficient, practical, patient centric care.”

How has the field changed throughout your career and how do you anticipate it changing further? “One change is the shift from acute care treatment to chronic disease management. We now focus on preventive care and managing a population of patients, in addition to the one-on-one treatment and relationships we build with patients in our practice. There is also an evolving focus on teamwork in primary care settings. Family physicians are now working with nurse practitioners, physician assistants, medical assistants, nurses, pharmacists, and case managers to coordinate care and reinforce continuity of care. For example, in our practice medical assistant ‘panel managers’ keep track of each patient with diabetes and monitor those patients for degree of blood sugar control and need for follow up. Another change is a relative shift from inpatient to more ambulatory work. Less than half of practicing family physicians are doing inpatient work or deliveries, but this remains a critical role in many communities. There is also now the opportunity to focus on an area within Family Medicine by completing fellowships such as geriatrics, obstetrics, or sports medicine.”



What challenges do you think future family physicians will face? “I think future challenges will include the income disparity between primary care and subspecialties. However, demand for family physicians is increasing, salaries are now rising, and the gap is closing. Additionally, to alleviate the primary care shortage, Banner offers \$100,000 in loan forgiveness to resident physicians who join a Banner primary care practice. Additional challenges include the necessity of family medicine physicians to maintain a broad scope of care. It is important for the outcomes and cost-effectiveness of a healthcare system for family medicine physicians to take care of all age groups and to be proficient in a wide range of acute care, procedures, and preventive services.”

“future challenges will include the income disparity between primary care and subspecialties”

“We need people who will utilize technology to efficiently communicate with patients”

What are you looking for in the next generation of family medicine physicians?

People that are creative, innovative, and who embrace the idea of leading a team rather than doing it all themselves; who feel responsible for excellent care but believe that it's a team sport. We need people who will utilize technology to efficiently communicate with patients and people who are well versed in how to access high quality evidence and avoid wasteful care.

What are your responsibilities as a department chair and are you still involved in clinical practice?

“I work with the residency program and clinical practice at Banner University Medical Center and I also work with faculty affairs to supervise 180 members of the faculty. Additionally, I support students through counseling and career advisement. I provide support for scholarly work within the Family Medicine Department at BUMCP. I spend about 1/3 of my time seeing my own patients or supervising students or residents who are rotating through our

department. I was initially drawn to medicine by the idea of patient care, and to effectively teach and maintain clinical credibility I believe I need to continue seeing patients. To me, it is important to retain that identity and keep those skills up. This allows me to be sensitive to what students and residents need in the teaching process.”

Do you feel that research experience is important when choosing family medicine residents? “We are looking for people who are scholarly in general. This does not necessarily mean a student needs to have completed seven research projects. Rather, we want people who want to know what is the best answer to a clinical question and people who aren't always content with the standard answer. Residents who are inherently curious, have the desire to learn, and are willing to seek out the highest quality of medical evidence are the type of physicians we want to help train.”

“being able to develop a relationship that instills that trust is the most rewarding part of medicine for me”

What is your favorite part about being a family medicine physician? What is your favorite part about working in academic medicine?

“My favorite part about family medicine is the relationship you develop with the patient over time. Just a few years of being someone's doctor better equips you to help your patients when difficult issues come up. Patients need to know and trust their doctor, and being able to develop a relationship that instills that trust is the most rewarding part of medicine for me. I enjoy academic medicine because of the ability to work with residents and students and support their learning process. I love sharing the ‘aha!’ moments with them when something clicks.”

What do you do to balance your professional life and personal life? “I try to not take too much work home at the end of the day which requires me to be as efficient as possible when I am at work. I value and commit time with my family, including my wife, daughter, and four grandsons.

Every summer we go back to Virginia to spend time on the family farm and then we spend a week in the outer banks of North Carolina. I maintain a social network that is removed from medicine and play the drums in the band at my church. I love to be outside, especially in the high desert, and I think that really helps with burnout prevention. I also have travelled to Thailand every 1-2 years for the past eight years, participating in a medical mission trip.”

What are some myths about primary care that you would like to dispel? “One myth is that it is not realistic for family medicine physicians to ‘know everything.’ We certainly don't profess to know everything but we have a different focus in our knowledge than specialists; furthermore, knowledge and evidence is much better organized than it used to be. We now have easier

access to resources and it is more feasible to be proficient across a broad number of topics. There is confusion between depth and detail in medicine. A generalist has a lot of depth of knowledge about their patients and that depth can drive more customized, effective care. There is also a myth that the Family Medicine lifestyle is much more difficult than many specialties, involving 24/7 call and an isolated professional life. Most family physicians practice in supportive group settings with a great deal of control over their schedules and areas of practice emphasis."

— Megan Kelly , MS2



Clerkship Director: Kathleen Brite, M.D.

Kathleen Brite, M.D. is currently the director of our Family, Community, and Preventive Medicine Clerkship. She practices full-spectrum primary care at Bayless Integrated Healthcare where she also serves as medical director. She attended medical school at the University of Arizona, College of Medicine

Tucson and completed her family medicine residency at Banner Good Samaritan (now Banner University Medical Center – Phoenix).

Tell us about your journey to medicine and family medicine:

"My journey to medicine is a little bit atypical because I wasn't one who said 'Oh, I want to be a doctor' at an early age. I think it was because all I was exposed to were educators in my family. I started undergrad as a math secondary education major but I started volunteering at a hospital and realized, 'Wow, a good physician is a teacher.' I started realizing I really loved science and kind of evolved this direction. During med school, I really didn't know anything about what specialty I wanted to go in to. I found myself really loving every single rotation I did during 3rd year but then there would be bits and pieces that weren't 100% me. I did family medicine at the end of my 3rd year and it was one of those big epiphanies of 'Oh, I can do everything I love to do and have continuity over the lifespan and be able to take care of anybody that walks through the door. This is totally it for me.' It was kind of an instantaneous click."

On residency and career trajectory: "I did residency at Banner Good Samaritan (now Banner University Medical Center – Phoenix). During that time, I tried to work at Wesley as much as I could because I loved it and that's how I kind of got involved with serving the underserved. Wesley was very different then; it was a resident run clinic. It was not an FQHC yet, 100% uninsured patients, cash only. After residency, I went into private practice in Desert Ridge which was very different setting. It was a good learning experience for me and I really loved my partners and colleagues there, but the whole time I was still volunteering and doing colonoscopies at Wesley."

Dr. Brite's tips for those interested in Family Medicine:

"If you're interested in family medicine, that's amazing and stay true to your heart. I would say that any of us, as your family medicine faculty, would be happy to have a conversation about what it's like to have a career in family medicine. It's an amazing and rewarding career – you get to use all of your skills with populations that really need you."

It's also an area of medicine that's growing, getting stronger, and in high demand so you can really write your ticket for what population you serve and where you practice medicine which is exciting. Keep an open mind even in your third year, and embrace every rotation for what it is because everything is a learning experience that you're going to incorporate into your practice later in your life. Med school is amazing but it's the first leg of the journey. I feel like a lot of students, especially on their clerkships feel overwhelmed, almost intimidated by family medicine because you have 6 weeks to learn everything womb to tomb. If you love it [family medicine], you have residency next and I promise you will be autonomously be making decisions and feel very competent and comfortable by 3rd year of residency."

There are so many opportunities – in family medicine and primary care there is such a shortage right now – you're really in demand. You can literally write your ticket and work anywhere and at any practice you want."

“I think there is no greater privilege than to be able to give all of your skillset back to a population that really needs it the most and be able to use all of it – to give all of your talents and skills back”

Then, in 2009 was when we got the HRSA stimulus package to make Wesley an FQHC and that's when Dr. Stephan recruited me to come on board full time. I took over as the CMO in 2012. Watching it grow has been such an honor. Wesley was exactly where I wanted to work. Primarily because I think there is no greater privilege than to be able to give all of your skillset back to a population that really needs it the most and be able to use all of it – to give all of your talents and skills back. Now, I've transitioned over to Bayless Health Care Group which is integrated – what I'm doing is bringing primary care to the underserved with mental illness. People with SMI (serious mental illness) have a 25 year less life expectancy – they completely fall through the cracks.”

How did you get involved in your role as Clerkship director? “I always have taught students – at Wesley, I spearheaded the CHIP nights and was the main preceptor

at first back in 2008 when Dr. Mattern (previous clerkship director) and I bonded because I was the site director for the clerkship students who came through Wesley – we always had 1 or 2 students every single rotation period. She [Dr. Mattern] recruited me when she was stepping down. As clerkship director, I feel like I have the best of both worlds: I get to have my clinical and my academic hat too. Our campus is in a new phase of growth so helping to revamp and redesign the curriculum from top to bottom has been great. Growing our program and our rural sites has been amazing. We have about 30 sites now across the state for family medicine, and I'm proud to say with the exception of maybe 2, they are all urban underserved or rural which is good for the students because you get to see and do so much. But foremost, I always wanted to teach – I love teaching at the bedside, helping people hone their skills and develop their confidence and their decision-making ability.”

How do you split your time between being clerkship director and clinical practice? “Right now, I'm about half and half. I see patients two days a week at Bayless. One day a week we have leadership – since I'm medical director there, all leadership meets for an administration day. I'm on campus two days a week with a little bit of evening and weekend time to complete my UofA stuff too. Academic medicine is a great way to supplement your clinical. It helps keep me relevant in the clinical realm because, especially as family physicians, we tend to be evidence based. Doing it with the students and teaching it helps me practice what I preach.”

How has the field of family medicine changed in the years you've practiced and how do you see it changing? “I think one of the big changes is that we've turned out less and less family physicians. I'm realizing at how many levels our system needs help – first and foremost, we need people to choose primary care because we have such a shortage. I think realizing what an impact this shortage is having, we are now hoping to spearhead a movement to shift that the other direction. Arizona needs primary care physicians, and it's been really fun working with some strong primary care colleagues on campus and trying to figure out how to get more students involved.”

What do you do to balance your professional and personal life? “I think it's prioritizing – no matter how much you love your career, it's never the most important thing. I love my patients but my most important job right now is being a mom. If you choose to have a family and a career, you don't get the time back – your kids are just growing at their pace (no matter how much I try to stop it!) – and not missing those moments is important to me. Every night, there is a designated time where I'm with my boys. I kind of turn off everything else, so my boys don't feel my craziness. I also can't say enough about the physical fitness piece. I feel like we sacrifice ourselves first all the time as med students, residents, and physicians, but then you feel that over time – so finding a way to make sure you don't sacrifice yourself.”

What are your hobbies and what is something a lot of people don't know about you? “I have 3 boys – I had one in medical school, one in residency, and one in practice. I'm from Michigan originally and moved here when I was young, so I still consider myself a Phoenician. I played tennis for NAU – I really enjoy playing tennis, hiking, hanging with my boys. I love sports – both playing and going to my boys' sporting events. I play the piano, and my boys do too.”

— Jaimei Zhang, MS2



Residency Director: Steven Brown, M.D.

Steven Brown, M.D., is a family medicine physician in Phoenix, Arizona. He is the Family Medicine residency program director at the University of Arizona College of Medicine-Phoenix. He attended Albany Medical College for medical school, and completed family medicine residency at UCSF at San Francisco General Hospital.

Twitter: @SteveBrownMD www.aafp.org/afppodcast

Twitter: @AFPPodcast

What drew you to family medicine as a specialty while in medical school? “I went into medical school knowing that I wanted to be a real doctor, which for me was being able to be a doctor for everyone. I had really great mentors in medical school that showed me the joys of what I expected family medicine to be. I think for most of us when it comes to picking a specialty it is about finding someone who you want to be like. When I saw family medicine doctors working in settings like homeless shelters or building long-term relationships with patients my vision for family medicine was realized. I saw these people practicing medicine, and that is what helped me decide my path to family medicine.”

What are your roles and responsibilities as a program director for the family medicine residency at the University of Arizona College of Medicine, Phoenix?

“In general, as faculty you do clinical work seeing patients and teaching residents. As a program director for residency you also take on quite a bit of added administrative responsibility, such as keeping the program accredited through the ACGME. The other really amazing part about being program director is that you get to set the vision for the program and maybe even a new direction. You get to recruit people who share the same vision of wanting to build a great program by creating a top site for education and patient care. Those are a few points that I really love about my role. I also get to work closely with the chair for Family, Community, and Preventative Medicine, Dr. Wolfrey, who has been my mentor for the entire 12 years that I have been in Phoenix. It's totally the best job in medicine. I love it. Not everyone does. In general, just practicing medicine and being a teaching faculty is a dream come true. Having a balance between teaching, seeing patients, and improving and maintaining the residency program is amazing.”

What is your favorite part about being a family medicine physician? “I love the variety and long-term relationships with patients, the comprehensiveness of it and the fact that I am responsible for everything with my patients. There is nothing that a patient will tell me that I will say, “that is not my area”. Of course, there are always cases where I will consult my specialist colleagues, but for the most part we are trained to take care of 90-95% of what a patient's needs are, which is incredible. The family doctor is like the conductor of the health care system for their patients. We are the ones in long-term healing relationships with our patients, and it is our responsibility that the patient improves and lives a long and healthy life.

Family Medicine Interest Group:

Current student leaders:

Sarah Javaherifar,

Class of 2020

sjava@email.arizona.edu

Jaime Zhang,

Class of 2020

jaimeizhang@email.arizona.edu

Faculty advisor:

Dr. Sarah Coles,

Assistant Professor

Family, Community, and

Preventive Medicine

sarah.coles@bannerhealth.com

Please feel free to contact us to get involved or if you have any inquiries about family medicine!

Upcoming Events:

Mixer at Mis Amigos

August 10, 2017 at 5pm

Primary Care Week

October 16-20, 2017

Stay tuned for a finalized schedule, including a SIM night and lunch talks!

Family medicine at Banner-University Medical Center Phoenix also enables me to do full spectrum family medicine, which can't always be done in each setting. I am on inpatient service this week, and I just performed a circumcision procedure with a resident before I came for the interview. This setting really allows me to keep a broad spectrum with my clinical practice. Another favorite part about family medicine are the people. The people who choose family medicine are often idealistic and love to be around patients. Being around all those people every day is my dream job. These days people can make more money in other medical subspecialty fields, so the ones who choose family medicine are here because they want to do what is right for the patient. Not only that, but in family medicine we get the incredible opportunity to take part in other aspects of medicine that tie in nicely with the field such as public health, leadership, and teaching."

"in family medicine
we get the
incredible
opportunity to take
part in other aspects
of medicine"

What is/are the most challenging part(s) about family medicine? "Because our health care system is so fragmented family medicine doctors are often needed to help patients overcome barriers such as, poverty, social determinants of health, or social injustices. Good family medicine doctors are taking care of their patients in the context of community. This can be incredibly difficult when you see injustices and inequalities barring people from attaining healthy lives. This can be frustrating and challenging especially when we are in a health care system where not everyone has the same access to care. It is really hard to see patients who can't take as good care of themselves as they might want due in part to barriers in their lives especially relating to poverty."

"Losing who you
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so I would
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keeping your
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What is some general advice you would give students interested in family medicine?

"Find a mentor and work on connecting with your patients. Every rotation that you're on in 3rd and 4th year get to know your patients. Early clinical exposure in settings such as Wesley Community Center is important as well. Curiosity is also a huge factor, never being satisfied, always learning, having a passion for full spectrum family medicine, passion for relationships, and passion for service. Lots of our applicants have a strong history in service to underserved populations.

Being a well-rounded person is so important. Losing who you are in medical school is so easy, so I would recommend keeping your passions constant. Don't obsess about your grades, your patients don't care what your Step score is! Obviously, you need to learn what you need to learn, but if you lose who are in that process you won't be a great family medicine physician. Whatever your 'real-life' passion is keep that up on top of being a medical student and you will be just fine."

What are some important residency program factors that medical students should take note of when on the interview?

"Geography, the patient population, the joy that everyone there is feeling, commitment to service, commitment to patients. A good way to determine this information is going to the interview and meeting the residency faculty. Usually there are dinners or mixers in a less formal setting where you get to talk to other residents and get a feel for the program. I think most people end up choosing a program based off a gut feeling, and that is definitely how it was for me."

What would you say to a student interested in family medicine who feels that the compensation will not allow him/her to pay off loans? "Believe it is a myth. You are still going to be in the top 5% income earners in this country. Loan repayment systems exist, but any family medicine physician will be able to pay off their loans regardless of their participations in those programs. I worked in the Indian Health Service for four years after residency and I was able to get my loan repayment through there. For me I chose this job even knowing that I was going to get paid less than a lot of other subspecialties because it was truly a passion and a calling. It is more important to choose something that you are passionate about than something you think will pay your loans off quicker."

Is there anything else you would like to share about your own personal interests within family medicine? "One of my special interests is high value care. About 30% of our health care system is money spent wasted in extraneous procedures or testing that don't improve patient care. I've worked with the American Academy of Family physician on the 'Choosing Wisely' campaign, which is a high value campaign to eliminate waste within the health care system."

I also host a podcast with our family medicine residents called The American Family Physician Podcast (AFP), whose mission is to discuss evidence-based. What is most fun for me is that I get to record the show with the residents; it has been an absolute blast. I think it's a top 10 medical podcasts on iTunes, which is pretty cool!"

— Sarah Patel, MS2



Alumna: Sarah Wypiszynski, M.D.

Sarah Wypiszynski, M.D., is a graduate from the University of Arizona College of Medicine-Phoenix - class of 2017. She is a first year family medicine resident at Honor Health in Scottsdale, Arizona and a proud mother to a beautiful baby boy, Michael.

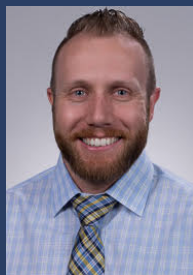
What led you to pursue Family Medicine over other specialties? "My decision to pursue family medicine was based on the variety – the ability to see pediatrics, geriatrics, prenatal and the flexibility – outpatient, hospital, urgent care, and fellowships) involved in this career. I liked a bit of everything which is family medicine. As a medical student, I knew I wanted to care for the entire family, but this became more evident to me during my 3rd year clerkship. In 3rd year, I had the opportunity to follow a woman from her prenatal appointments, delivery, and then do her baby's first well child check during my family medicine

rotation. I didn't experience this with any other specialty, and I wanted to care for patients like this for the rest of my life. I

appreciate the focus on the whole patient, especially the emphasis on biopsychosocial and social determinants of health. I taught middle school for 2 years prior to med school with Teach for America which opened my eyes to the effect that those social determinants have on people. It also opened my eyes to the lack of health literacy in the community and the barriers to care faced by our patients."

"I appreciate the focus on the whole patient, especially the emphasis on biopsychosocial and social determinants of health"

How did your medical school experience impact this decision? "UACOMP helped foster my decision to pursue family medicine by providing me the chance to rotate through many CHIP programs that focused on providing holistic patient-based care. One of my most valuable experiences involved rotating at the Wesley Community Clinic, and this was made possible by UACOMP. In addition, I found amazing mentors through the family medicine preceptors who helped me explore opportunities and gave me advice for applying and finding the right program for me."



FOURTH-YEAR PERSPECTIVE: KEITH JOHNSON, CLASS OF 2018

What do you wish you would have done differently in the first three years of medical school to prepare you for now? "I wish I had been more open to possibilities that are out there, especially in primary care. Some people are so zeroed in on certain subjects, and focus on only that. And even if you tell yourself that you are open to other things, in the back of your mind, you might not be doing that. If I had not had such a certain focus, I might have been able to take away more from other rotations and see how they relate to the Family Medicine field. Hindsight is 20/20, but it's important to see those relationships for any field that you go into."

When and how did you become interested in family medicine? "The first time I really considered it was on my outpatient OB rotation. As the MS3, you do a lot of prenatal visits because they are pretty fast and simple. I was talking to patients and seeing them from one visit to the next. I really enjoyed providing education for them and working up the various labs and problems that they had. I did not want to restrict myself to OB, but recognized that family medicine also has the outpatient setting and long-term relationships with patients that I enjoyed. It caught me off guard. But when I got to Family Med rotation, my last rotation of 3rd year, it just clicked and I really enjoyed talking to patients and managing them from week-to-week."

What advice do you have for medical students when it comes to choosing a specialty and residency program?

“My advice would be to have an open mind as you go through rotations in 3rd and 4th year. Don’t shy away from your current passions and the ones you develop along the way. As you go through the process of choosing your specialty, trust your gut for what you enjoy. When choosing a residency program, it is important to know what your deal-breakers are - location, lifestyle, research opportunities, etc. Make it a priority to talk to people you know in that specialty who have gone through the residency process like program directors and clerkship directors. These individuals are an invaluable resource during medical school and rotations. Don't be afraid to ask hard questions of programs that are important to you or ones you are considering. For example, for me, it was important to find a family friendly program, so during my interviews, I asked all of the residents about their balance and home life. I tried to pay attention to how the residents interacted with one another and the involvement of their significant others in their work life, for example, their ability to attend pre-interview dinner. I was impressed by programs where it seemed like people were happy and had good balance (in addition, of course, to the rigor of the program). Again, know what is important to you – I cannot stress this enough. Also, if you feel that you are not getting the support you need, seek out mentors. Residents and attendings in various specialties are almost always willing to give you guidance.”

FUN: favorite TV/Netflix show? “Complete this sentence: something people don’t know about me is...? I love watching Jeopardy and (until residency started) had watched every episode for the last 6 years or so. We still DVR every episode but I am a bit more behind now as an intern.”

— Agnes Ewongwo, MS2

Was it hard to plan for residency apps since you decided to pursue Family Medicine at the end of your third year? “Looking back, it was tough having Family Med last because I didn’t make that decision until I was halfway through my Family rotation. I was planning for Emergency Medicine, and had to cancel my Sub-Internships and figure out new rotations that worked with Family Med application. The school generally does a pretty good job of working things out and contacting different sites for rotations, but it can be a bit nerve-wracking.”

Did you have any mentors during your path that helped solidify your interest in family medicine? “Just about everyone that I worked closely with in primary care settings. They were enthusiastic about their jobs and guided me through my rotations. It’s hard to be enthusiastic in some fields, but they really loved their jobs. They helped me see what you can do for patients that is not just one specific disease, and I enjoyed seeing how great their interactions with patients were.”

What advice would you give students considering a future in family medicine? “Keep an open mind not just in what you want to do professionally, but also personally. Right now, Family Med has a lot of options as far as where you want to go in life – in terms of location, practice setting (clinic with specific disease vs urgent care), and your family situation. It’s worth getting in touch with Family physicians in other clinics to see what other physicians are doing in their clinics because it might be something more interesting to you. It’s not too late to sign up for another rotation or shadow another physician in 3rd-4th year, and it doesn’t hurt to keep an open mind.”

Anything else that you would like to share? “If you think you’ll like Family Med, then you probably will. It has so much to offer, and there is so much good that you can do for patients. It is one of the most in-demand specialties for a reason because the patients are there and they need help. It has been shown that Family Med physicians have improved communities. There is so much opportunity to really do good for your patients. Think about why you went into medicine and what it means to you, and that could definitely influence what you decide to go into.”

— Sarah Loh, MS2

Founding Editors:

Agnes Ewongwo, Chase Fitzgerald, Megan Kelly, Sarah Loh, Sarah Patel, Jaimei Zhang

Faculty Advisor: Dr. Lisa Shah-Patel

If you have any suggestions for how we could enhance the newsletter or any corrections, comments, or suggestions for articles of interest, please do not hesitate to contact us at lsahapatel@email.arizona.edu

STATS TO KNOW

Family Medicine Match Summary, 2017

| No. of Programs | Positions Offered | Unfilled Programs | No. of Applicants | No. of Matches US Seniors : Total | % Filled US Seniors : Total | Ranked Positions US Seniors : Total |
|-----------------|-------------------|-------------------|-------------------|--------------------------------------|--------------------------------|--|
| 520 | 3,356 | 67 | 1,797 | 803 : 1,146 | 45.1 : 95.8 | 18,321 : 37,806 |

Matches by Specialty and Applicant Type, 2017

| No. of Positions | Number Filled | US Senior | US Grad | Osteo | Canadian | 5th Pathway | US IMG | Non-US IMG | Number Unfilled |
|------------------|---------------|-----------|---------|-------|----------|-------------|--------|------------|-----------------|
| 3,356 | 3,215 | 1,513 | 132 | 574 | 1 | 0 | 656 | 337 | 141 |

Positions Offered in the Matching Program, 2013-2017

| 2017 | | 2016 | | 2015 | | 2014 | | 2013 | |
|-------|------|-------|------|-------|------|-------|------|-------|------|
| No. | % | No. | % | No. | % | No. | % | No. | % |
| 3,356 | 11.6 | 3,238 | 11.6 | 3,195 | 11.7 | 3,109 | 11.7 | 3,037 | 11.6 |

Summary Statistics on US Allopathic Seniors, 2016

| Measure | Matched (n=1,254) | Unmatched (n=59) |
|---|-------------------|------------------|
| Mean number contiguous ranks | 10.7 | 4.5 |
| Mean number distinct specialties ranked | 1.1 | 1.3 |
| Mean USMLE Step 1 score | 221 | 208 |
| Mean USMLE Step 2 score | 237 | 223 |
| Mean number of research experiences | 2.0 | 1.7 |
| Mean number of abstracts, presentations, and publications | 2.6 | 2.6 |
| Mean number of work experiences | 4.2 | 3.3 |
| Mean number of volunteer experiences | 7.4 | 5.8 |
| Percentage who are AOA members | 6.1 | 0.0 |
| Percentage who graduated from one of the 40 US medical schools with the highest NIH funding | 30.3 | 18.6 |
| Percentage who have a Ph.D degree | 1.0 | 4.0 |
| Percentage who have another graduate degree | 18.9 | 25.5 |