

FMIG Residency Nuts & Bolts
February 8, 2012

Dr. Meg Mullin

- UWMC, Harborview
 - Many of the family medicine residencies have a separate match number for each of the community health centers that they have continuity clinics at (so if there are 2 residents at the clinic there are only 2 match slots)
 - During your intern year you are expected to perform at the level of a medicine or peds resident since you are in an opposed program
 - Research is well supported since you are connected to the whole university system
 - A lot of the residents go on to fellowships from this program

Dr. Jenni Somers

- Swedish Cherry Hill
 - This residency has a combination of an “unopposed” feel with the time spent in local community health centers in addition to the “rigorous” feel of an academic medical center

Dr. Sibyle Siegfried

- Group Health Cooperative
 - Family medicine residency community is like a big family in Seattle
 - She was interested in getting abortion training, GHC is a recipient of the Ready Grant and so there is an opt out component to abortion training
 - She wanted a non-academic community based program that was unopposed which this one is
 - Medical Home Model
 - Strong women’s health training, OB and reproductive health
 - Now take 6 each year
 - You can definitely practice anywhere if you come out of this program

Dr. Jenny Trieu

- Swedish First Hill
 - Did her sub-I at First Hill, work as the program like an intern to try out the program and have them take a look at you
 - Very solid inpatient training
 - Really great specialty training
 - Variety of continuity clinics
 - Swedish First Hill
 - Downtown Family Medicine
 - Ballard Community Health (medical home model)
 - She wanted to make a home at her program and feels that she has that with her program
- What should I be doing outside my classes the first two years
 - Commitment and interest in family medicine
 - Showing a passion for something, showing continuity and leadership rather than participating in every opportunity that comes your way
 - Organizing things, showing passion
 - Learn skills outside of class
 - Volunteerism
 - At Swedish Cherry Hill
 - Interested in people who are passionate about underserved medicine
 - Have you organized or run an underserved focused program

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- Previous job experience, international rotations
 - Showing a passion for diversity
- Shoot for 220 and above for board scores
- Interpersonal skills
 - If you are having a bad day, no one should know
 - Everything in the process is important, administrator interactions, keeping appointments
- Use your advisors as good resource for learning about available residency programs
- Why family med vs med-peds
 - OB!!!
 - You also find a totally different feeling in the team
 - Different philosophy
 - Talk about social issues in the inpatient rounds every single day
 - Focus on patient wholistically
 - More inpatient and less women's health training in med-peds residency
 - You also see that people who are interested in taking care of very medically complex kids that age into adulthood (like CF kids who are living longer, heart transplant children, genetic disorders, etc.) enjoy this about med-peds
- Tips in assessing programs
 - The clinic experience
 - The feeling you get from the people you interact with
 - First Hill is very happy to have people come and look just to get a sense, not as a sub I or with any commitment
- What should I be concerned about with new programs?
 - Schedules! Administrative decisions govern all of your time and can be a nightmare with scheduling.
- How many places do you apply to and how many interviews
 - 15-20 programs
 - Depending, you could do just as many interviews (Jenny did 12)
 - Jenny only looked on the west coast because of the best programs being concentrated here
 - Sibyle applied all over the country
 - Meg wanted a very strong medicine program and used her advisors to find her programs
 - UCSF
 - Santa Rosa
 - Jenni only applied to the 7 around Seattle due to spouse
 - Her advice is to NOT limit yourself based on others if you can help it
- Over the past 2 years the northwest has become a lot more competitive
 - Amanda recommends NOT to limit yourself to this region because the programs are so good and you may not match into any of them
 - Far better to match in your last ranked program then to have to scramble
 - DO NOT entertain the safety school idea with your match list, it can only lead to tears
- Intern year
 - Pre-round in the morning, round with your team, then make the plan, write your notes, see how the patients and your plans are evolving then sign out around 5-6

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- Some days you head to clinic in the afternoon
- New work hour restrictions
 - 2nd and 3rd years end up covering the 30 hour call since the interns cant do it any more
 - Night float: shift work (12 hour shift and then switch until the next day call people come in)
 - You miss out a little bit on the continuity since you aren't there for the 24 hours when major changes happen for your patients
 - Deliveries are really different since you often don't see a patient through
 - No golden weekends: two days off in a row
 - Now get 4 24 hour periods off a month
 - Sign offs are when major errors happen, the information exchange that happens then is never complete enough (more sign offs/information exchanges happen in the new system)
 - We need to institutionalize what constitutes a good sign out (some people want everything and some people want the big picture)
- Do you feel that your residency program is preparing you for rural practice?
 - Most programs in urban areas (at least in Seattle) will prepare you for rural medicine
 - The Tacoma program has a rural focus and fellowship in rural medicine
 - The key is if you go to a good program you learn how to learn and there is in the job training you can do where you end up
- Do you have to do a fellowship to do C-Sections
 - In some programs you might get the number you need as a primary in order to do them in practice
 - Tacoma has an emphasis on C sections
 - The residents on the panel feel that they would WANT a fellowship to feel comfortable doing them in practice
 - You do a lot of first assisting in a lot of programs, though being the primary surgeon would be harder to get the necessary number
- What is your favorite part of residency?
 - Working with the other residents who all have diverse perspectives and interests
 - Feeling responsible for patients that you have followed through your entire program
 - Continuity deliveries
- What is your least favorite thing?
 - There is a lot of bull-crap, paperwork, evaluations, DSHS, charting
- Is there life outside of residency?
 - YESSSS!