Advice from Sanjay Desai, MD, on what to do if you don't Match

AMA's Moving Medicine video series amplifies physician voices and highlights developments and achievements throughout medicine.

Featured topic and speakers

In today's episode of Moving Medicine, AMA Chief Experience Officer Todd Unger talks with AMA Chief Academic Officer Sanjay Desai, MD, who shares advice for this year's Match applicants on what they can do if they don't match. Find out tips on how to navigate SOAP, steps to take immediately after SOAP, and how to make the most of the coming year to strengthen your application.

Looking for more Match advice? Applicants can also participate in a special AMA webinar: "I Didn't Match, Now What?" on March 23, 6 p.m., Central. Register for the webinar.

Also watch the “AMA’s Road to Residency” video series to learn more about what to do if you don't match.

Speaker

- Sanjay Desai, MD, chief academic officer, AMA

Transcript

Unger: Hello, this is the American Medical Association's Moving Medicine video and podcast. Today I'm joined by Dr. Sanjay Desai, the AMA's chief academic officer and group vice president of medical education in Chicago, Illinois. He's going to share advice for this year's Match applicants and what happens if you don't match? I'm Todd Unger, AMA's chief experience officer in Chicago.

Dr. Desai, thanks so much for joining us. Match Week is very exciting. It's coming up soon but it's also a very anxious time for medical students who are waiting to find out about where they're going to do their residencies and, inevitably, there are some who don't match. Speaking from your past experience as a residency program director, let's start off by talking about some of the most common reasons that you saw for applicants who didn't match. Are those typically for reasons that are within
the applicant's control?

**Dr. Desai:** Todd, first let me just thank you for having this podcast. I think that this is such an important topic and as exciting as Match Week is, this is one of the reasons that it is also anxiety-provoking. I'm happy to be able to be with you and talk about this for our applicants out there.

There are modifiable and non-modifiable attributes to an application that lead us through the Match and lead to the outcome of not being matched. Certainly, the non-modifiable ones, I think, are probably pretty clear to all of our applicants. These were the scores, the grades, the school, when you graduated, where you went to medical school, these are things that you can't change. You also can't control the filters that a school will use against those particular attributes. I think, keep in mind, that there are things that you certainly can't control.

However, there are many things that you can control, even amongst those non-modifiable things. For example, you can't control the number of experiences that you've had or the types that they've been but you can describe them in certain ways in your personal statement in order to showcase a particular background, a particular strength of yours or particular interest of yours. You can also, very importantly, address issues that have been revealed in these non-modifiable data. If there are bad or poor scores, clinical scores or USMLE scores, you have an opportunity to address them again through your personal statement.

Other modifiable attributes that are really important for every applicant to consider is just the strategy that they use for the match. It's often the numbers and types of programs that they've applied to that are the reason that they've had difficulty with the Match, getting an advocate that understands this process is critical. The people that I have met who have not matched who have reached out, often they haven't had the best advice. I think, again, that advocacy is very important. Understanding how to interview well. There are many processes and steps in this overall recruitment effort that are absolutely modifiable, ones that you can get better at and ones that you should take time and learn from people that are experts in this space to make the best chances that you possibly can have.

**Unger:** When you look at the data, do you think it's become easier or more difficult over time to match and what's driving that shift if there has been a change?

**Dr. Desai:** It's a complicated question only because there's so many different types of applicants. Looking at the data, it's gotten easier for some over time to match. I mean, generally speaking, U.S. medical grads match at extremely high rates. The Match rates for our DO students has improved over time. It was, I think, closer to the mid-70s, 10 years ago, and now it's closer to 90%. The increase in that particular group of applicants and in the U.S. medical grad applicants leaves also a harder time for our IMG applicants in terms of matching to U.S. residency programs. It really depends on the type of applicant, easier for some and, unfortunately, harder for others.
Unger: We’re going to talk a little bit more about IMGs in a couple minutes. But first, applicants who don’t match find out early in Match Week. I want to talk a little bit about kind of what happens in terms of the timeline. Take us through that moment. What are the deadlines people need to be aware of and prepared for if they don’t match initially?

Dr. Desai: Yeah, it's a very anxious time, honestly, for everyone that's involved with students and certainly for the students themselves. There's a certain time on Monday, I believe it’s at 11:00 or noon, where applicants find out if they matched or not. They don't find out where they matched but they find if they matched. As those of us who mentor students, this is also a time where we're hopefully not receiving phone calls but sometimes we will and these are the students that didn't match. This is the beginning of a week of a process called SOAP, the Supplemental Offer and Acceptance Program.

This is what used to be called the scramble and now it's an organized process for those applicants that didn't match to try to find a position in a residency program that also hasn't simultaneously filled. And so, my strongest advice is to go to the website for the NRMP and look at the process of SOAP. It starts on Monday when applicants are able to start to put together their applications. On Tuesday, programs can start to review these applications. And then, on Wednesday, they begin to interview these applicants and on Thursday, they start to make offers. It's not a match at this point. It is multiple rounds of offers which, I think, are four in the end. And then, it concludes Thursday evening and Match Day is then Friday for everyone, those that matched through the original process and those also that found a spot through the SOAP process.

Dr. Desai: Unfortunately, even at the end of SOAP and as Match Day arrives, there are still some applicants who have unfortunately not found a residency spot to train in.

Unger: It sounds like this process goes pretty fast and given the quick timeline, how important is it to have a plan heading into Match Week? What do people do to prepare now, even though you're hopeful going into this week, what do you do to kind of prepare yourself?

Dr. Desai: Yeah, I think the best plan will be to have a plan for this process. Nobody wants it to happen and hopefully, it doesn't happen. But if it does, you are far better able to manage the week if you come in prepared. And so, I think most applicants who go unmatched on that Monday of Match Week, I believe, have some anticipation that this is a possibility. And so, for that group, I think it's very important to do a few things. One is to decide, as best you can, whether you want to pursue other programs that you didn't apply to or not. For some people, because of geographic or personal constraints, that's not a possibility. And so, that's one decision and you have to be honest with yourself about that.

The second to also think about is this specialty that I applied to the only specialty that I would pursue?
Again, a very difficult conversation to have with yourself in an honest way but very important to have because the likelihood is that there'll be many more positions available in the field that you're not applying into. You are able to apply for those during SOAP and you have to make the choice whether you will or not.

The third is to think about geography and to think, again, do I want to move away from the places that I thought I would live in order to have a residency spot next year. The final, which is sort of the converse choice, is would I rather not match? I think that's something that you should very seriously think about heading into Match Week. If you find yourself in the position on Monday learning that you haven't matched, it is a reasonable choice to say, "I will continue to look for the programs that I wanted to go to in the specialty I wanted to go to and I'm going to spend this upcoming time trying to make my application stronger or more competitive and reapply." Those choices are hard to make and they are easier to make if you've put thought into them before the urgency of Monday of Match Week.

**Unger:** In addition to that advice, if somebody is in that SOAP process, which is a lot better than scramble in terms of the acronym, is your advice that they should take the first offer that they receive?

**Dr. Desai:** Yeah. Scramble was scramble because there were no rules to it and that gets to my point about SOAP. For SOAP, the most important thing is to know the rules. The NRMP has done, I thought, a very thoughtful job of making this as safe as possible and as organized and structured as possible. With organization structure come very specific rules and some of them are not intuitive. I would absolutely make sure you understand these rules very, very well because you may get advice that is contrary to some of these rules from people that don't understand the rules. Know the rules because if you violate the rules, then you have violated the process of SOAP and you will not be able to entertain an offer from a program during the SOAP period. Please, please, please, if you do find yourself in this position and you go through SOAP, understand the rules.

**Unger:** If an applicant were to find themselves in a situation where they didn't match through SOAP, is it okay for them to reach out to programs that they were interested in post-Match or attempt to call around for openings in the event that something opens up at a later date?

**Dr. Desai:** Yes, there will be, at the end of Match Week, a smaller number of residency programs that continue to have open spots and a smaller number of applicants that are still seeking spots. At that point, it's not organized or structured any longer and so this is an opportunity for you to reach out, to learn more. It may or may not be an option for you either based on the decision of the program or based on your own choice. But I think talking with residency program directors for programs that you would be interested in is absolutely a good choice.

I also think this is an opportunity for advocacy. It will be far more effective for that outreach to occur with or maybe by someone who is established in medical education and maybe even knows the person that they're reaching out to. But, again, this is where advocacy will be particularly effective in
terms of making those connections because, as you can imagine, many people will be reaching out to that small number of programs that are left.

**Unger:** Is there anything that an applicant can do to strengthen their application if they need to wait for next year’s Match?

**Dr. Desai:** Yeah, there's many things, Todd, that people can do. I think this should be seen as an opportunity for you to be able to make changes to your application and to your candidacy to become more competitive. And so, one is what do you do for the year? Certainly, you can get more clinical exposure that can either be through, depending on the constraints that may apply to you or to the setting that you're in, being on a rotation, being a volunteer. But, again, getting in front of patients in the way that's observed, ideally supervised, will be very important and I think very helpful because one of the reasons that applicants don't match is because program directors may be worried about their clinical exposure, clinical skill. This is an opportunity to avert that risk or reduce it certainly.

Research is another reason that sometimes applicants won't match and this is something program directors look very fondly upon. If there's opportunity for you to do research, again, research that you can own, that you can make progress on feasibly in the time that you have ahead of you. Ideally, you've already been working on something but closing that and making progress against it is a very effective way to improve your candidacy.

Enrolling in another degree program, if these others are not opportunities, is another method to improve your candidacy. Here, it's not possible for you to get the degree, at least not if you're applying again within the year. Remember, Match Week is in March and you're going to be applying again in September. And so, earning a degree won't be possible but enrolling in a degree program, I think, would demonstrate resourcefulness, commitment and leadership in a particular area.

If you haven't taken USMLE Step 3, that's a possibility as well. The most important thing in deciding what you should do to strengthen your application is to get advice from your advisors. Everybody must have an honest advisor. I think it's always nice to hear that, "Look, this was a systems issue and just apply again next year because you're wonderful." That's always nice to hear. It's not helpful to hear that. What's helpful to hear is what can you do incrementally to improve your candidacy within those systems. There are systems issues but even in the midst of those, there is an opportunity for you to get a better outcome so what can you do? Again, this is someone with experience in GME and someone that knows you and your application well. They will be invaluable for you to strengthen your candidacy.

**Unger:** You mentioned, previously, one of the groups that can experience challenges are international medical graduates. What advice do you have for IMGs?

**Dr. Desai:** Yeah, I think that for IMGs, the reality is it is harder and unfortunately so. There are a few
things that I think IMGs should consider. One is to be very thoughtful about their strategy. The reason it's harder, one of the reasons it's harder, is U.S. program directors are risk averse in general. They have the luxury of being risk averse because of the number of applicants that they have applying to their residency program. In that risk averse frame, if they are not familiar with your school and they are less likely to be if it's from another country, then it makes it harder for them to consider your application. They're less familiar with the school. They're also less familiar with the clinical environment and the evaluation methodologies and the letter formats.

And so, anything that you can do to make that risk seem less great, to make it more familiar, is the strategy that should be employed. The way to do that, there's several, one is just a basic strategy of applying to many more places. That is, I think, one that everybody does anyway. But the others are, how do you reduce the risk? One way is to apply strategically to programs who have already taken residents, ideally from your school, so that risk is gone because they know your school. If not, from your country. If not, generally, they take IMGs more regularly. These are filters that you should be using to strategically apply to schools that are more likely to consider you.

The other is if you have schools, residency programs, where applicants from your school have gone and have succeeded, then that is of particular interest. It should be of particular interest to you. Bringing in that advocacy piece I brought in earlier, this is an opportunity for you to get someone from your school to write, or the alumnus from that residency program that went to your school, to write and advocate on your behalf. Again, all of these things make the unfamiliar familiar again and I think that's going to be helpful to you in terms of getting interviews.

Your goal as an IMG, don't think too far ahead. You're not thinking about where I will match. What you should do is think about getting interviews, getting interviews, getting interviews. Once the interviews are there, then you really are on the same playing field as others that have gotten interviews and the distinction between you being an IMG and not is largely washed away. The strategies that you develop should be thoughtful, deliberate and aimed at getting interviews.

**Unger:** Now, just talking about not matching makes me anxious and I'm not even a medical student. What advice do you have for applicants who need to prepare themselves for the psychological impact of not matching?

**Dr. Desai:** Yeah, it's a very difficult experience for anyone to go through, given how much investment they've made in their career to this point. I think it's really hard. It's easy to say not to take it personally. I have talked to many applicants that have had this experience and it's really hard to not take it personally. It feels extremely personal when this happened. I think there are a couple of pieces of advice that I would have. First, it's very important to recognize that you're going to have emotion around this but that you must mobilize at least during SOAP week to make sure that you're able to take advantage of opportunities that might be there for you this particular week. And so, that's where the pre-planning, Todd, as you mentioned earlier is so important. But to mobilize and to act, knowing
that you're going to have to process this emotion at some point but to act immediately will be very important.

Having gone through it and then not matching, I think getting to the space of being able to learn from it. This is where having that honest advisor is so important because this is the person that can share empathy with you but that can also then give you the critical feedback that you need and constructive advice that will help you improve, make plans and ideally match in the next cycle.

The reality is, and I've said this to others, and again it's, I think, hard to incorporate into how you feel, it isn't personal. The reality is that these are systems issues, that there are very blunt selection mechanisms. This is something that's an urgent need for the country for us to become far more holistic in our approach of how we move people from medical school and as applicants into residency programs. Unfortunately, right now, it's a very blunt process. And so, I can tell you it's blunt. I can tell you it's not personal. I understand that's hard to hear and to believe but it is true.

**Unger:** Dr. Desai, thank you so much for that excellent perspective. I'm sure the folks that are listening out there found that really, really helpful. Know also that the AMA has resources for medical students that can help. You can check out FREIDA, that's F-R-E-I-D-A, and you can visit freida.ama-assn.org and watch AMA's Road to Residency video series to learn more about what to do if you don't Match.

Thanks again, Dr. Desai. That's it for today's video and podcast, and we'll be back with another one shortly. In the meantime, make sure to click subscribe on AMA’s YouTube channel, Apple, Spotify or wherever you listen to your podcasts. You can find all of our videos and podcasts at ama-assn.org/podcasts. Thanks for joining us. Take care.

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