Meet Your Match: Composing a rank-order list with James Docherty, DO
Making the Rounds

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Jan 25, 2023

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Featured topic and speakers

In this episode of Making the Rounds, guests, doctors Michaela Pesce, MD, and Brandon Temel, MD—share their advice for and experience going through the Couples Match.

Speakers

- **James Docherty, MD**, family Medicine resident, United Health Services; vice chair, Resident and Fellows Section (RFS) Governing Council, AMA
- **Brendan Murphy**, senior news writer, American Medical Association

Host

- **Todd Unger**, chief experience officer, American Medical Association

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Transcript

Unger: Welcome to Making the Rounds, a podcast by the American Medical Association. In this episode, we continue our Meet your Match series with Dr. James Docherty. Dr. Docherty is a family medicine resident at United Health Services in New York. Today he’s going to give his advice and tips on composing your rank-order list for Match. To kick us off is AMA senior news writer, Brendan Murphy.
Murphy: Hello and welcome to Meet Your Match, a special series on Making the Rounds, a podcast by the American Medical Association. I'm Brendan Murphy, senior news writer at the AMA. I'm happy to have with me today, Dr. James Docherty, as we continue our series exploring all you need to know about the match. Today, we're going to discuss creating your rank order list. Thank you so much for joining us, Dr. Docherty.

Dr. Docherty: I'm very happy to be here, Brendan. I think the rank order list is a critical component to matching. I think that's obvious and goes without saying, but I'm happy to help folks with it.

Murphy: Dr. Docherty is a family medicine resident at United Health Services in Binghamton, New York. He serves as vice chair of the Resident and Fellows Section Governing Council at the AMA. And having experienced all this firsthand, and pretty recently, Dr. Docherty, I'm excited to hear from you.

Dr. Docherty: Thank you. I really enjoyed the process of making my rank lists as much as it terrified me.

Murphy: Well, we're hoping to make it less terrifying for our listeners, if that's possible. Can you give us a bit of background on your current role and your experiences as an applicant?

Dr. Docherty: Sure. I'm a third-year family med resident, which means I'm in my last year of residency. As you said, I'm in Binghamton, New York, at United Health Services. I went through the Match in 2020 which, as many remember, is the beginning of the pandemic. And it was also the first year where the AOA and the ACGE merged their matches, which was particularly interesting for me as an osteopathic graduate. And we just didn't know how that would affect anyone's rankings. So it was definitely a little bit nervous time because of the pandemic as well as the whole merge.

Murphy: What were the earliest steps you took in creating your rank order list, and when did you start to take those steps?

Dr. Docherty: I actually started very early. That's the kind of person I am. I just try to not procrastinate, and I started making things that were important to me, so things that were important to me like location, people, educational opportunities, the ability to stay active in advocacy. I took those aspects and I used those to apply to certain programs. And then, I continued to think about that when I was forming questions for interviews, and later on, used those answers to help me create my rank list. So kind of the entire process of applying and interviewing was all for the end goal of making a good rank list that represented where I wanted to go.

Murphy: You mentioned factors that were important to you. What were the most important factors for you in creating this list, and how did you deduce which programs might meet them?
Dr. Docherty: The most important factor for me was geographical location, and I'm from Long Island, New York. I wanted to be within decently easy traveling distance of that. My family is very important to me, and so, I didn't apply to any programs outside of the Northeast besides two in Colorado. And the only reason I applied to those was because my family visited Colorado every year, so I knew I would see them pretty often.

Some other aspects were osteopathic opportunities, so I actually spent an extra year in medical school training, osteopathic skills and improving my osteopathic principles, as well as teaching. And I wanted to continue that throughout residency with the goal that I would continue using my OMT skills in practice afterwards.

Thirdly, I wanted to stay involved in advocacy. I've been very involved with the AMA and the New York Society since early in med school, and I wanted to make sure that I remained supported throughout my residency for those activities.

How I went about figuring out which programs allowed that was ... Geography is easy. You look at a map. The osteopathic opportunities is a little bit harder. Thankfully, the AMA FREIDA program now had a filter to see which programs had osteopathic training, so that was very helpful. And I actually went to the Family Medicine Specialty Conference, and I talked with residents and program directors at the residency booth there and got firsthand answers to a lot of these questions when I was looking for programs to interview with. And that was the same process I had for seeing what their support for advocacy was.

Murphy: Well, you're making my job easy doing that plug for FREIDA. Yeah, as a resident or future residents approach this rank order deadline, that certainly is a resource to consult.

You talk about the priorities in creating this list. Those are highly individualized. For instance, not everyone's going to want to live in New York, but geography might be something that's pretty common. How do you recommend applicants go about identifying their key priorities and where they want to be a resident?

Dr. Docherty: That is such a great question. And on the surface, it seems like an easy and obvious one. However, if you really think about, it's pretty deeply philosophical and a moral-leaning question as it really asks us to investigate who we are as a person and what parts of ourself we find are most important to us, and what our self-identity is. So, it's not really easy at all.

I'd recommend, if people don't have any idea of where to start, is to go with extremes. What factors do you think you would not be able to live without? For me, it'd be not being able to run down to my family every weekend or a couple times a month. That was really important to me.
Other situations such as urban, rural, suburban environments. Some folks just really love the high city life, such as New York City or Chicago, and really need that, be able to walk around and get a meal at any time of day. Other folks like rural settings where there's lots of open space. So it's really asking questions to yourself, "What can I not live without?" And once you start off there, go a little bit deeper and figure out what's not really a deal-breaker but is a preference. This could be fellowship opportunities. These could be educational tracks. Again, it's individualized, not just to the person, but also to the specialty. For folks in family medicine that could be looking at pediatric and OB training. For folks in IM, it could be cardio and GI training.

And then, lastly, I would focus on quality-of-life adjustments, such as meal payment plans, dues program/hospital pay for your lunches and your dinners and your breakfasts. We're working all three meals in the hospital a lot of the time.

Is parking free? Or do folks feel that parking is important to them? Because if you're spending $300 a month on parking, that's a lot of a resident budget. Commuting distances. Are you someone who wants to walk five minutes to get to work or do you like to have a nice half-hour drive to listen to podcasts, listen to music, to debrief, just kind of get away from where you work? And call schedules. These are all things that seem kind of small, but they highly impact everyday life and it's really important for someone's mental health to think about these things. Especially when residents are working 18 to 24 hours, these little day-to-day things build up to be a lot.

Figuring out what aspects are live or die, and then boiling it down to important but not deal-breakers, and then boiling it down even farther to quality-of-life adjustments would be my general recommendations for figuring out what your self-identity is.

Murphy: Looking at this process now, would you probably have a much different view on than you did as an applicant? What would you say you overemphasized in creating your rank order list?

Dr. Docherty: I think I overemphasized exposure to different subspecialties or aspects of a field. When I was applying, I was really interested in getting OB and pediatric training. And because of how the accreditation works, every single program has a minimum standard to meet as far as that training goes. And therefore, there's not a ton of differences between programs. There are definitely some, but I think I overemphasized and spent too much of my valuable interview time asking about those aspects when most programs just kind of gave me the same answer. And that goes the same for GI, cardio, nephrology for IM and other aspects of different specialties.

I think I also overemphasized what facilities were available. In the U.S., thankfully, most training programs have decent access to most of the standard facilities, meaning MRIs, CTs, within decently easy access to specialties just of how specialties are formed and residency programs are available. There's not too much difference between programs. So, I think really trying to investigate, "Oh, who has the best MRI?" is not important. If things are working, then what we care about, which is learning,
is really more about the people in the general culture than what's available there.

Something else that's also emphasized a lot is benefits. Payment is grossly the same throughout all specialty programs. They're adjusted for cost of life, such as Chicago or New York City. But for the most part, all residents are paid in the same ballpark.

And medical insurance, is it super important? Unless you have a medical condition that has expensive medication and requires pretty frequent follow-ups, most residents are pretty healthy. So, I wouldn't focus a lot on what the benefits are. All programs are going to offer the disability insurance, the medical insurance, and payment that's at least close to other programs.

Lastly, research. A lot of folks ask a lot about research. In my experience, being a resident makes it really difficult to do research. It's really difficult to spend 18 hours in the hospital and then spend some more hours a day going through spreadsheets or trying to organize other things. And without dedicated time or research blocks, it's just not going to be done in any meaningful way. And this is coming from someone who has two master's degrees. So, I've done a lot of research, and I love research, and I think I overemphasized it when I was looking at programs.

Murphy: Looking at the opposite side of the coin, what were the underrated aspects of picking a residency and creating a rank order list?

Dr. Docherty: I generally try to be a very analytical cortical thinker but, at the end of the day, I definitely under-emphasized what my intuition was telling me, what my gut was saying about the people and the place which is, honestly, a bit harder because now we're in virtual interviews. But interacting with others had a very large impact on my rank list that I didn't appropriately take into account when I was first making it.

Another thing I under-emphasized was my setting because I'm from a pretty busy suburban, as I said, Long Island. It's a suburban area but it's 40 minutes from New York City. It's 10 minutes from Queens, Brooklyn. And I was very used to that. I thought I would be okay being in a more rural setting, which is Binghamton, New York. And there's definitely less to do here, which somewhat affects how I feel, but it's something to think about. And again, that's part of that self-realizing and asking yourself really difficult questions.

Murphy: So, Dr. Docherty, I'd like to go back to something you said earlier. What have been the quality-of-life adjustments that have impacted your day-to-day as a resident?

Dr. Docherty: I have about a 20-minute commute, which I really value. And that's because I get to listen to podcasts. It's difficult for me to listen to podcasts at any other time, and it's really valuable for me to get that learning in because I listen to AMA podcasts, I listen to different medical journals podcasts, I listen to economics podcasts, so I'm always trying to learn new things. It also gives me
time to call friends and family, and I have a good dedicated 20 minutes where I don't need to think about anything but the road, and who's on the phone. And I really value that. Other folks look at me like I'm crazy and like, "Oh, you don't want to wake up and go to work by walking five minutes?" And that's honestly not who I am. And so, that really values me. We're not charged for parking, so that's great. I couldn't really imagine spending a couple hundred dollars a month for parking. That blows me away.

And other quality of life is our hospital is pretty near the downtown, so it's pretty easy to get from our hospital, my general workplace, to the different restaurants, to the gym. It's sort of just all along my route to get home. And, of course, those are really difficult to think or navigate before you're actually in the city or the town, or what have you. But those have really impacted my life.

Murphy: Thanks and I think that'll be very helpful. There are just so many things to consider. What would you say are some mistakes that you would caution applicants to avoid in creating their rank order list?

Dr. Docherty: I think the number one mistake is applicants trying to figure out where they lay in the program's rank list. The algorithm that the NRP uses actually takes the applicant's preference first and that makes a ton of difference. There's some NRP videos about how the Match works mechanically, and they'll do a much better job explaining with their visual aids than I can possibly do audio-ly. But, at the end of the day, because it takes the applicant's preference first, it doesn't matter where the program ranks us, as far as our preference. So the most important thing is put your number one program first, period. Don't adjust your rank list based on how you think programs will rank you.

Another mistake, I think, is waiting till after all the interviews are done before starting your rank list or starting to really formalize it. As I said, I like to start things early. I started creating a matrix and putting up a different category such as location advocacy, osteopathic learning, faculty teaching and I applied different weights to those categories from 0 to 10. And then, after each interview, I took down every note I could think about that interview. And then, I gave each program that day a score between 0 and 3 for each of those categories. And so, my rank list was forming as I was going through interviews and it made it a lot easy to differentiate, "Oh, did I hear it from this program or did I hear that from that other program?" And because I also wrote notes, it made it a little bit easier later on if I needed to adjust a value because something that I thought was really exceptional was actually standard.

Murphy: Did you rank all the programs you interviewed with? I know there are different schools of thought on doing that.

Dr. Docherty: I did. And the general advice is to rank every program you interview with. The exception to that is if a program seemed extremely disagreeable with you, if a program asked some very dangerous questions that could have been a Match violation, I would not rank those programs. If you just felt that you could not get along with anybody at the program or you felt that the faculty there
were just not for you, and you deeply felt that you would be insanely unhappy at that program, I wouldn't rank that. But if you were just generally disagreeable with it or it just wasn't your favorite, I would still rank it because not ranking it just automatically gives you one less chance to match.

Murphy: Is it possible to overthink this whole process?

Dr. Docherty: Oh, definitely. Obviously, I thought a lot about it and, with creating a matrix and everything, I ended up making my intuition category, which I did actually have an intuition category, the maximum amount of weight. I gave it a 10. And I did that because I felt that I was filling with a bunch of other numbers trying to make programs match how I felt. And so, instead, I just put the max number on my intuition, which is about opposite thinking as you can get.

Murphy: You talked about ranking as you went through interviews. How much did your initial rank order list change from what the final version was?

Dr. Docherty: Depends on how you look at it because I updated my rank list with every single interview and I saw it play out. But simply at the last month or so, when I was agonizing, "Oh, is this exactly where I want this program in my list?" It didn't change too much. The top three or four programs stayed at the top three or four. They just sort of moved within those four spots, and the bottom bunch stayed there, and they moved around in their bottom bunch. But, overall, the top programs remained at my top and the bottom programs remained at my bottom.

And I think, as I said before when I was going through the interviews, when I saw some aspects of a program that I thought were really exceptional and amazing, and then other programs had it, and then other programs had it, and then other programs had it, I realized, "Oh, this really exceptional aspect is very, very standard." So that would've changed the score pretty greatly for some programs that I interviewed with early on.

Murphy: Where did you match relative to your rank order list?

Dr. Docherty: I actually matched number one. I'm very happy about it. In literally the last day of submitting my rank list, I remember I was in Costa Rica, and I was worried about submitting it and it going through because I was on Costa Rican internet, and I swapped my number one into number two, and I ended up matching in my new number one. And I'm extremely happy that I'm here in Binghamton. It's been a really wonderful experience, residency-wise.

Murphy: And that is actually not that uncommon. I think our listeners would like to know that about half of MD seniors and half of DO seniors match with their top choice, and about three-quarters of them matched within their top three choices. So, this process does tend to work out for the applicants, and I imagine that those stats might be a bit reassuring ahead of this year's rank order deadline, which is February 27. Dr. Docherty, I ask then, do you have any other rank order list insights for our
listeners?

**Dr. Docherty:** I think I have a few aspects I'd like to talk about. Make sure that you get along with residents and faculty. That's really important. You work day in and day out with these people for the next three to seven years. And some folks think that it doesn't matter too much, but being able to get along with them, have people to vent to, it's really important.

And this is a little bit more with interviewing but, if you get answers about faculty like generic or they're a little hesitant to say how they are in general, that's not a great sign. Folks that love their faculty explode. They say, "Oh, you can call them anytime. They never get angry at us with stupid questions," so on, and so forth. And my belief is residents are learners first and employees second. We have that complicated role of being both, but we're there to learn. And if the residency isn't there to support the learning, then they're just abusing you and that's not a place you want to be.

Again, listen to your intuition. There's aspects of human behavior that we can't explain. We just have bad feelings about situations. We have bad feelings about folks. And ignoring that during this critical transition in an applicant's life, I think, is folly.

And thirdly, I really liked my system of making a "rolling rank list" of updating after every single interview. It made it a lot easier for me to keep what programs said straight, and I would recommend doing that. If that's not who you are, then do who you are. But, at the end of the interview road, it's really easy to get confused between which programs said which things because a lot of answers to questions are decently similar.

**Murphy:** That's such valuable insight. Thank you for joining us today, Dr. Docherty. It was a pleasure speaking with you.

**Dr. Docherty:** It was a great time being with you, Brendan. I really have a strong belief that this is really important and I love what the AMA's doing with this Meet Your Match series.

**Murphy:** Well, that brings me to our conclusion here and I would tell applicants who are listening that we have more than a half dozen episodes to catch up on if they haven't heard them. And we have a few more coming up. Thank you so much for listening to Meet Your Match on Making the Rounds. I'm Brendan Murphy, until next time, thanks for listening.

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