

Stanford School of Medicine

Family Medicine Residency Application Guide

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Congratulations on considering a career in Family Medicine! In the spirit of mentorship in primary care, we hope this guide will be useful to you as you begin considering residency programs in Family Medicine. It is our hope that this document will be edited and adapted by students for many years to come, to reflect the ever changing landscape of Family Medicine.

Sincerely, your 2013 graduates

I. Why Family Medicine?

A. Defining Family Medicine

Adapted from: American Family Physician. July 1, 2007. Volume 76, Number 1.

“Family medicine’s cornerstone is an ongoing, personal patient–physician relationship. Whereas other specialties are limited to a particular organ system, technology, disease, age, or sex, family medicine integrates care for each person. Family physicians’ unique contributions to health care access stem from the breadth of their training and adaptability of their work, combined with a sense of social responsibility.” Training in family medicine allows for incredible range of practice. Examples of practice environments include academic medical centers, federally qualified health centers, managed care, private practice, government, public health, international healthcare and wilderness medicine. Family medicine practitioners make up the majority of primary care physicians across the nation; “Without family physicians, many U.S. counties would be health professional shortage areas (HPSAs)—geographic areas, population groups, or medical facilities that the U.S. Department of Health and Human Services determines to be served by too few health professionals of particular specialties. If all family physicians were withdrawn, 58 percent of U.S. counties would become primary care HPSAs; in contrast, only 8 percent of counties would be PCHPSAs if all general internists, pediatricians, and obstetrician-gynecologists were withdrawn.”

A training in family medicine will equip you to be competent in inpatient and outpatient medicine (80% of family physicians have hospital privileges), pediatrics, obstetrics including labor and delivery, ER, urgent care and ICU (40% of family physicians care for patients in the ICU) with options to continue training in Cesarean sections, palliative care, sports medicine, integrative medicine and much, much more!

B. What About Family Medicine Residency?

Adapted from: American Family Physician. July 1, 2007. Volume 76, Number 1.

“Family medicine residencies, like pediatric and internal medicine residencies, last three years. Both in hospital training and outpatient training occur during each year of family medicine residency training. Family medicine residents work and learn throughout the hospital, in the emergency department, labor and delivery department, the operating room, and intensive care units, and on numerous general and specialty wards.” In the outpatient setting, they work alongside specialists in specialty clinics for a portion of their time, but the bulk of their time is spent in a family medicine “continuity clinic.”

“Family medicine residents care for their continuity patients in a supervised group practice at the residency clinical offices. Residents are assigned a panel of patients and provide continuous care for those patients throughout their training, including inpatient care, maternity care, and hospice care when necessary. Family medicine leads the primary care disciplines in outpatient continuity clinical hours. Behavioral science training, counseling, and community outreach are all features of family medicine residency training.”

C. ...And Procedures?

Taken from: American Family Physician. July 1, 2007. Volume 76, Number 1.

“In addition to routine inpatient and outpatient care, family physicians perform a wide range of procedures. Most family physicians perform skin and nail procedures; 35 percent regularly perform colposcopy; and 35 percent perform flexible sigmoidoscopy. Family physicians receive training in a variety of procedures, including joint injections, paracentesis, thoracentesis, intubation and advanced life support, ultrasonography, stress testing, colonoscopy, esophagogastroduodenoscopy, vasectomy, tubal ligation, cervical cancer treatment (e.g., loop electrosurgical excision procedure [LEEP], cryotherapy), and pulmonary function testing. Family physicians also receive training in maternity care, which includes prenatal management, intrapartum procedures, delivery, and management of maternal and neonatal complications.”

II. Before Applying

A. Courses

Core clerkship - If you're considering family medicine, you'll want to do your family medicine core clerkship in your third year. There can be quite a bit of variation in the sites for this rotation. If you have any inkling in considering family medicine for residency, speak to the faculty about doing your rotation at Stanford or O'Connor. This will give you the opportunity to meet the Stanford folks who may be involved in mentoring and letter-writing.

Sub-Internship - In addition to the core clerkship, you should also consider FAMMED 364E, which is the sub-internship based at O'Connor hospital in San Jose. The sub-internship consists of 2 weeks in outpatient clinics and 2 weeks on the inpatient family medicine service. Not only will it fulfill your sub-internship requirement for graduation, but it is an excellent chance to experience what a family medicine residency is like. O'Connor provides an opportunity to see how family medicine encompasses aspects of medicine, pediatrics and OB/Gyn, as well as outpatient modalities including group visits for chronic disease. The most common time for

students to do the sub-internship month is during Periods 11-2 (i.e. late spring or early summer). Keep in mind, you may want a letter of recommendation from the faculty with whom you worked closely during the month, so be sure to give yourself enough time between your clerkship and the application deadlines.

Continuity clerkship - Many students interested in family medicine complete a continuity of care clerkship with a community physician (FAMMED 310A). During this clerkship, students are excused from their other rotations one afternoon per week to go their continuity clinic and work with one preceptor over a 9 month period. This opportunity is great exposure to clinical medicine, allows for the student to develop continuity with his/her own patients and may provide you with a mentor in the field. Eva Weinlander and Art Johnson can be instrumental in helping you find a continuity preceptor.

Rural experience - There is also an opportunity to experience family medicine in a setting outside of Stanford and O'Connor through FAMMED 345E. This is a good opportunity especially if you are interested in seeing what family medicine is like in a rural environment. It can be quite different! Contact family medicine faculty to see find out where people have done this in the past. It can be less complicated to go to a site that a prior student has been, but if you have somewhere in particular you would like to go arrangements can usually be made. Make sure you contact the coordinator, Marita Grudzen, early to leave plenty of time for paperwork.

Electives - Many students have welcomed electives as they broaden their medical school training. Well-liked favorites by some of our applicants include dermatology, palliative care, emergency, radiology, sports medicine, and geriatric medicine, among others.

There are other elective opportunities in family medicine to consider; here is the course catalogue for family medicine clerkships:

<http://medcatalog.stanford.edu/php/clerklist.php?DNo=828>.

B. Family medicine research

Any research you conduct at Stanford will serve to supplement your application, but research is by no means “required” of family medicine applicants in the same sense that research may be required of applicants in some competitive fields. Past applicants have done research projects that vary in scope and involve anything from community health to medical education to basic science. If you do conduct research, you may eventually consider asking your mentor for a letter of recommendation.

C. Away rotations

Away rotations are not a requirement for family medicine applicants, but may be pursued by students who wish to see how family medicine is practiced at other institutions. Away rotations are also an opportunity to work at an institution you may apply to during the application cycle; it is a chance to get to know the program and make a good impression! To set up an away rotation, first establish contact with an administrator at the program(s) where you are thinking of doing an away rotation between January and April of the year you are applying. Many schools use the Visiting Student Application Service (VSAS) on the AAMC website <http://www.aamc.org/programs/vsas/start.htm>. There are usually charges associated with

processing your application. Most students undertake away rotations after the Dean's letter is completed (around October). Program websites have helpful information, but don't hesitate to call the administrators to inquire about opportunities.

III. Application Process

The advising deans will host a series of workshops targeted towards completing the ERAS application, writing a personal statement, interviewing, and submitting a match rank list. Here we present some general advice about applications, geared towards students applying to family medicine. Remember, **DEADLINES CHANGE FROM YEAR TO YEAR**, so be sure to be aware of any changes the year you are applying!

A. Curriculum vitae

We recommend updating your CV regularly throughout medical school, and you should have a semi-final CV by the end of June to submit to your letter writers when you request their recommendation letter. Having a completed CV will also aid you when you enter activities and accomplishments into your ERAS application. An example can be found on the Stanford advising website at <http://med.stanford.edu/md/advising/resources/residency/cv.html>. Your academic advisor and other mentors can give you feedback on your CV.

B. Personal statement

Many students find writing the personal statement to be one of the more difficult aspects of the application -- but it need not be that way! Be honest and convey your reasons for choosing family medicine. Personal statements should be approximately 1 page in length. Try to write your personal statement early, with a semi-final draft by the end of June. Consider submitting your statement to your letter writers when you request recommendation letters (either rough or final draft is fine). You should solicit feedback on your personal statement (e.g. from your academic advisor, family medicine faculty, friends, others). An example can be found on the advising website at <http://med.stanford.edu/md/advising/resources/residency/ps.html>. Some programs require additional information in the personal statement, such as why you are applying to that specific program; be sure to check the program website for more details before you submit a generic personal statement.

C. Letters of Recommendation

Request your letters of recommendations as early as possible, but no later than the end of June. The cover sheet for your letters can be downloaded from the advising website at <http://med.stanford.edu/md/advising/resources/residency/lor/>. Each residency may have different requirements for letters of recommendation (check their websites!), but most require 3-4 letters with at least one letter written by a practicing family medicine physician. We recommend having at least one letter from your sub-internship (in family medicine, or in something else if you completed another sub-internship). At least one letter should be from a family physician, but the other letter writers can be from any field. You may consider asking for letters from your research mentor, continuity clinic preceptor, E4C advisor, or attendings from core clerkships. You should ask for letters from physicians who know you well and whom can write a strong, personal letter for you. Ask for your letters early, and remind your writers of approaching deadlines as appropriate. Note, you can ask for more than four letters and then later

choose which letters you send to which program when you submit your ERAS application. Don't forget to thank your letter writers for giving their time to support you!

D. Filling out the ERAS application

Complete ERAS ideally by the end of August if you want to submit your application in September. The ERAS has many components, but overall it is straightforward to complete. In addition to demographic information and your personal statement, you will need a one to three sentence blurb for each of your "activities." You will also be asked to list any research conducted or awards received. For your letters of recommendation to be uploaded, you need to certify the letter writers' names, positions, departments, and to which program(s) (family medicine vs. other fields) the letters should be sent. You need to certify and submit those names before Stanford can upload the letters to ERAS for you. Letters will be uploaded as the central office receives them; you will be emailed each time a letter is uploaded. The advising deans and support staff are excellent resources for this process, so do not be afraid to ask for help when you need it!

E. Submitting the ERAS application

You can submit your application starting Sept 15th; **try to submit ERAS as early as possible!!** Programs have a limited number of interview spots/dates, and they may fill up if you submit your application later. When you submit probably won't affect whether you get an interview or not, but applying earlier means you will have more choices for interview dates and can arrange your schedule more easily. Submit even if you haven't finalized your list of schools to apply to; you can always add more programs at a later date. You can also submit before all your letters are uploaded (just make sure that your letter writers will definitely submit a letter for you before you finalize your application).

F. Where to apply

Family medicine programs range widely from program to program. There are academic programs, which are associated with medical schools and may have some focus on research, as well as community-based programs. Traditionally, in university-based programs, family medicine residents train alongside residents in other specialties (medicine, pediatrics, OB/Gyn, ER, surgery). Community-based residency programs (e.g. O'Connor) traditionally are in smaller hospital settings, where family medicine may be the only residency. Furthermore, programs can be urban, suburban, or rural, and patient populations can vary greatly from site to site.

Where you apply will depend on what you expect from your training program. Check out program websites, talk to mentors, and consider what features are most important for you. Freida (<https://freida.ama-assn.org/Freida/user/viewProgramSearch.do>) is a searchable residency database that may be helpful in making a preliminary list. **Most students apply to 10-15 programs.**

Take note: some programs have multiple tracks (urban vs. rural, for example), which may have separate application or match numbers. Be sure to select the appropriate tracks when applying, when applicable!

G. After submitting the ERAS application

Monitor for submission and upload of your letters of recommendation; those should be in by the end of September so that your application is complete with the exception of your Dean's

Letter, which is submitted in October. If letters aren't submitted in a timely fashion, send a reminder email to your letter writer. You may also want to contact the person at Stanford who is responsible for uploading letters, as he occasionally gets overloaded and may not upload your letter of recommendation immediately. Remember to send thank you notes to your letter writers! They have volunteered their time to help you, and you should express your gratitude appropriately.

J. Step 2 CS and CK

The USMLE Step 2 exam consists of two parts—CS and CK. CS is a 12-patient standardized patient exam which you can take in LA, Houston, Chicago, Atlanta, or Philadelphia. It is very similar to the CPX exam you take at Stanford. It is pass-fail, and the vast majority of students pass. For many students, the only preparation required is a brief review First Aid for Step 2 CS on the flight to the exam.

Since there are only five centers where CS can be taken, the slots fill up quickly. When you apply for the CS permit (and pay an expensive \$1200 fee), you are allowed to identify a 1 year time period during which you will take the CS (as opposed to the 3 month time period for Step 1 and Step 2 CK). For this reason, you should sign up to take CS by March of your third year. A good time to take Step 2 CS is in July because by then you would have taken the CPX exam (CPX is a 8-station standardized patient exam administered by Stanford). The last possible date to take CS and still have your score returned before ranking deadlines is usually at the end of October (check the CS website for the chart on test date and corresponding score report date).

Again, the CS slots fill up very quickly so make sure you sign up and schedule your date as soon as possible. However, if their programs do not require a CS score, some students choose to take CS after interview season when their schedules are more flexible.

CK is a multiple choice computer exam similar to Step 1 but focused more on clinical diagnosis and treatment rather than topics such as biochemistry or embryology. The curve on Step 2 is higher and some students find that they score better on Step 2 with very minimal studying (~2 weeks of preparation). Other students invest more time in studying in hopes of achieving a higher score. Many students feel that best strategy is to try to get through USMLE World for Step 2. Both the CS and CK cover internal medicine, surgery, pediatrics, ob-gyn, neurology and psychiatry so you may want to try to schedule these rotations earlier in your third year.

Many students struggle over when to take Step 2 CK. If you did well on your Step 1 exam, you may want to take Step 2 CK after interview season is over so that a low score on Step 2 CK does not negate your Step 1 score. On the other hand, if you did not do well on Step 1, a high Step 2 CK score may help you get more interviews. If this is the case, take Step 2 CK before August to give enough time for the score to be reported. The best thing to do is to talk with your advisor about when to take Step 2 CK. If you choose to take CK later, be sure to check requirements for programs you are planning to apply to - some of them require Step 2 scores in order to rank applicants (UCSF is one example, noted below, but there are others).

In the 2009-2010 application cycle, UCSF made a new requirement that all students would need to pass both Step 2 CS and CK in order to be ranked. Since UCSF typically ranks students in early-mid February, applicants will have to take Step 2 CK before the end of December and Step 2 CS before November. If you are interested in UCSF, you should plan on taking both Step 2 CK and CS early enough to ensure your score will be available to meet the deadline. Your academic advisor can help you with exact deadlines.

IV. Interviews

A. Interview offers

Programs will contact you directly to arrange interviews, usually via e-mail. Be sure your ERAS contact information is up to date, and make sure e-mails with offers are not sent to your e-mail spam folder accidentally! Interviews may be offered as early as 24 hours after ERAS submission, to up to well over a month later. If you do not receive an interview offer for a program in which you have genuine interest, you or one of your advisors can contact the program directly and express your interest (speak to your academic advisor about how to best do this). Keep in mind, you should only really do this for programs you are serious about (i.e. one of your top choices).

B. Scheduling interviews

Interview season starts in late October and extends through January. Most students conduct the majority of their interviews at the end of December and in early January, when they are not in a clerkship. Family medicine programs often have a significant number of interview slots available but, if you have conflicts or difficulty scheduling your interviews, be sure to call and ask about what options they have for re-scheduling. Our experience is that family medicine programs are more flexible with scheduling than other specialties. We recommend responding to offers as soon as possible to claim your preferred dates for interviews. In past application cycles, many students have been able to “group” interviews by geography to minimize travel costs. It is acceptable to schedule an interview and subsequently cancel it as you hear from more programs, but if you know you’re not going to take an interview you should try to decline it promptly for the sake of other applicants. Try to cancel with at least 2 weeks’ notice, if possible.

E. Pre-interview homework

Some students like to read the program website prior to interviewing (to examine the curriculum, read physician profiles, etc.), while others do not find this useful. You will not be “quizzed” on specifics about the program but, at the very least, you should know enough about the program to speak to why you are considering residency there. You should also be prepared to answer questions about any part of your application, including your personal statement.

F. Pre-interview dinners

Most programs will offer an optional pre-interview (or post-interview) dinner with residents and/or faculty. These dinners are NOT required, but they are a great opportunity to talk with residents in a relaxed atmosphere (and there’s free food!). They are also an opportunity for your significant other or spouse to meet people from the programs – where you wind up for residency will affect them, too! We recommend that you try to attend the dinners whenever possible. Dress casually but nicely, as you would for dinner with friends (i.e.: do not wear your suit, unless dinner is immediately after your interview).

F. The interview

First things first: **RELAX!** Interviews in family medicine are, in general, laid back experiences. The programs are trying to learn more about you not just as a student, but also as a person. You may have anywhere from 2 to 5 individual interviews. Usually, one interview is with the program director and another interview is with a resident. Of note, we felt that our interview experience differed from those of our peers in other specialties in that we were more

often asked about our personal interests, our lives outside of medicine, and our ability to work with different personalities. The most common questions and topics of conversation include:

- Why are you choosing family medicine?
- What interests you in this particular program/city/patient population?
- Where do you see yourself in 5 years? What sort of practice do you hope to have? Do you plan on practicing OB?
- Do you have a special interest in a specific area of family medicine? Would you consider a fellowship following residency?
- Where do you think the future of family medicine is heading?
- Tell me more about your work with _____. (activity listed in ERAS)
- Tell me about a disagreement you had (or an ethical dilemma) and how did you deal with this challenge?
- What do you do for fun? Tell me about your hobbies.
- **Do you have any questions for me?** (far and away, the most common question! It may be helpful to have some “stock” questions on hand, but oftentimes it will be easy to strike up a conversation with your interviewer)

The remainder of your interview schedule will vary from program to program, but most interview days will also consist of a brief overview of the program, lunch with the residents, a tour of the hospital, and a tour of the clinic site(s). You will frequently be encouraged to ask questions – and don’t be afraid to! The interview day is meant for you to learn about the program as much as it is meant for the program to learn about you.

G. Immediately post-interview

After your interview day is over, it can be very helpful to jot down a few notes about what you liked or did not like about the program. These notes will be especially helpful in February, when you construct your match rank list and need something to jog your memory (remember, you may be doing this up to 3 months after you interview at some programs!). Also, write down the names and contact information of your interviewers and anyone who was particularly helpful during your interview day, to send a thank-you e-mail and to contact later in the interview season if you have any additional questions about the program.

It is generally recommended to write thank-you letters to programs that you are particularly interested in. Letters should be sent within 1-2 weeks of completing your interview. Be sure to personalize the notes; mention what sparked your interest during your interview day.

V. Post-interview

A. Communication with programs

It is helpful to maintain contact with programs in which you are particularly interested. In return, some programs will declare their interest in you very directly through phone calls, letters or emails. Other programs may not send any post-interview communication to applicants; this is not necessarily a sign of how they view your application! When all of your interviews are done, you should send “love/like letters” to your top program(s). A “like letter” is a message to your top 3-5 programs, stating that you are interested in being a part of their upcoming intern class. In contrast, a “love letter” is sent only to your top program, and states that they are at the

top of your rank list. Both love and like letters should include specific details about why the particular program would be a good match for you. Some programs finalize their rank list shortly after their last interview date, which can be well before the mid-February rank list deadline. Waiting until the last week to send your “love letter” may be unhelpful for you if the program’s list has already been finalized. It is acceptable to send love letters by mid-January.

B. Rank lists

After interviews, some students found it useful to take notes about their experiences and identify which things they liked and disliked about all the programs. Other students kept it all in their heads. Most students used these factors in making their rank lists: location, program size, opposed vs unopposed, connection with academic center, research opportunities, prestige of program, associated fellowships, faculty and residents, and “gut feeling” about the program. Remember not to be unduly influenced by one or two people’s opinion(s) of a given program – **the most important aspect of the Match is finding out how to best fit your needs, and one person’s top ranked program may be at the bottom of your list.**

In creating your rank lists, you’ll definitely want to meet with your advisor (your general academic advisor and/or your advisor in family medicine here at Stanford) to talk about your thoughts on the programs and to get their input. Remember it is all your choice in the end! You submit your rank list on NRMP at the end of February. Match day is usually in Mid-March.

VI. Final Words of Advice

There is no denying it - the residency application and interview process is long, and can be tiring. It can be difficult but, as you find yourself in the midst of interviews, try not to lose perspective and try to maintain a positive attitude! You are about to embark on a career in one of the most exciting fields of medicine. If all goes well, you will find a program that you love, and in turn that program will love you; come Match Day in March, all your hard work will pay off!

If you ever find yourself in need of extra help in dealing with the stresses of this process, do not be afraid to seek out the appropriate support. Remember that you are not alone in making these difficult decisions. Classmates, family, friends, advisors, faculty, and Vaden health center are excellent resources to guide you through this exciting transitional period of your career!

From all of us who have come before you, we wish you good luck in your Family Medicine residency applications!

VII. Resources

Family medicine Interest Group at Stanford

<https://www.facebook.com/StanfordFMIG?fref=ts>

Stanford’s Advising Website

<http://med.stanford.edu/md/advising/resources/residency/>

Visiting Student Application Service

<http://www.aamc.org/programs/vsas/students/start.htm>

Electronic Residency Application Service (ERAS)

<http://www.aamc.org/students/eras/>

National Residency Match Program (NRMP)

http://www.nrmp.org/res_match/index.html

VIII. Program Guide

Here is a partial list of family medicine programs interviewed at in the past (bold indicates program in which student ultimately matched). We welcome any questions you have for us on these programs, on choosing family medicine as a career, or on the residency application process in general (ask Dr. Schillinger for our contact information). We apologize if we do not respond immediately – residency is busy! – but we will do our best.

Alexis Hansen: O'Connor (San Jose CA), UCSF-Santa Rosa (Santa Rosa CA), **Providence-Milwaukie (Portland OR)**, Oregon Health Sciences University (Portland OR), Group Health Cooperative (Seattle WA), University of Washington(Seattle WA), Swedish-First Hill (Seattle WA), Swedish-Cherry Hill (Seattle WA), Valley Family Medicine (Renton WA), Tacoma Family Medicine (Tacoma WA)

Brynn Smedra, '13: O'Connor (San Jose CA), UCSF, Ventura, **OHSU-Cascades East (Klamath Falls OR)**, UCSF-Santa Rosa (Santa Rosa CA), Providence-Milwaukie (Portland OR), Family Medicine Southwest (Vancouver WA), UC Davis-Redding, Group Health Cooperative (Seattle WA), University of Washington (Seattle WA), University of Hawaii (Mililani HI)

Danica Lomeli, '13: **UCLA-Santa Monica (Santa Monica CA)**, Long Beach (Long Beach CA), UC-Davis, UCSF, O'Connor (San Jose CA), UCSF-Santa Rosa (Santa Rosa CA), University of Colorado-Denver, Contra Costa (Martinez CA); also interviewed for combined FM-psych at UC-Davis

Gordon Powers, '13: Maine Medical Center (Portland ME), NH-Dartmouth (Concord NH), **University of Vermont (Burlington VT)**, UMass-Worcester (Worcester MA), Tufts (Boston MA), Boston Medical Center (Boston MA), Brown (Pawtucket RI), University of Rochester (Rochester NY), Oregon Health and Sciences University (Portland OR), Providence-Milwaukie (Portland OR), UCSF-Santa Rosa (Santa Rosa CA), O'Connor (San Jose CA), UCSD (San Diego CA)

Morgan Theis, '13: **UCSF-Santa Rosa (Santa Rosa CA)**

Rachel Sussman, '13: **O'Connor (San Jose CA)**

Raymond Tsai, '13: UCSF-Santa Rosa (Santa Rosa CA), UC-Davis, UCSF, O'Connor (San Jose CA), **UCLA-Santa Monica (Santa Monica CA)**, UCLA-Harbor (Harbor City CA), Long Beach Memorial (Long Beach CA), University of Michigan (Ann Arbor MI), Duke (Durham NC), Montefiore (Bronx NY), Columbia (New York NY), Tufts (Boston MA)

Tamara Montacute, '13: **O'Connor (San Jose CA)**, UCSF, Swedish-Cherry Hill (Seattle WA), Swedish-First Hill (Seattle WA), UCSF-Santa Rosa (Santa Rosa CA), Columbia (New York NY), Scripps-Chula Vista (San Diego CA), Contra-Costa (Martinez CA), University of Washington (Seattle WA), Group Health (Seattle WA), Valley Renton (Seattle WA), Montefiore (Bronx NY), Georgetown (Washington DC), UCSF-Fresno (Fresno CA), Natividad (Salinas CA)

The “Family Medicine Residency Application Guide” was created in 2013 by Stanford family medicine graduates: Gordon Powers, Brynn Smedra, and Alexis Hansen

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Adapted from the Stanford Radiology Residency Application Guide (created by John Downey '09 and Nancy Benedetti '09)