The Pseudo-Couples Match

In 2016, my fiancée and I decided to attempt to pseudo-couples match into urology and dermatology. We are in no way experts, but we believe in the power of stories. And as ophthalmology and urology programs show no signs of changing their match processes, we offer our story as a commentary on the pseudo-couples match.

Ophthalmology and urology residency programs match applicants in January, and for students applying to these fields, there is no established way for couples to match with their significant others.[1]

We first decided which regions to target for subinternships, as students are more likely to receive interviews at programs where they completed subinternships, and recommendation letters from these rotations can boost applications.[2] Subinternships also increase the chances of receiving interviews from nearby programs, thereby "unlocking" regions. We both completed subinternships at our home institution and at institution X, and I completed an additional subinternship at institution Y.

During away rotations, we began to appreciate just how much the lack of an established couples match would cost us financially. The process was more complicated and expensive for dermatology, because the intern year and residency years are unlinked; students apply for internships and residencies separately. Between the 2 of us, we applied to nearly 200 programs, completed nearly 50 interviews, and spent nearly $20,000, adding to our 6-figure student debt.

Creating the urology rank list required careful analysis of 5 variables: (1) my desire to train at each program; (2) her interview offers from nearby programs; (3) her probability of matching at those programs; (4) her desire to train at those programs; and (5) our fluid definition of "nearby." We focused on her 3 dermatology years and weighted her intern year at 25%. These variables were difficult to assess because my fiancée had not yet completed all of her interviews by the deadline for my rank list submission.

In January 2017, I matched into urology at institution Y.

In March, she matched into her internship at institution Y and dermatology residency at institution Z, a short flight away.

We are both ecstatic to have matched into strong programs in our fields of choice. However, the 3 years of distance will be a challenge.

In medical school, we learn not to focus so narrowly on treating the disease that we forget to treat the patient. At the core of our mission, we take pride in upholding the intrinsic value of individuals' human experiences. Why, then, does our profession seem to ignore the human experiences of trainees?

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References

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