Matching Plan Committee Update – October 2022

**Preliminary ERAS Data**
The preliminary October ERAS data for the 2023 ERAS cycle has been released. In comparison to the 2022 cycle:

- **Applicants**
  - Diagnostic Radiology – 2310 (+10.7%)
  - Integrated IR/DR – 404 (+8%)

- **Average Applications per Applicant**
  - Diagnostic Radiology – 75.4 (+13.7%)
  - Integrated IR/DR – 35.76 (-2.1%)

- **Average Applications per Program**
  - Diagnostic Radiology – 921.6 (+25.2%)
  - Integrated IR/DR – 158.8 (+5.7%)

While a subset of these increased applicants to Diagnostic Radiology represents re-applicants following last year’s highly competitive Match (in the 2022 Match, 58 MD, 21 DO, 17 U.S. IMG, and 31 non-U.S. IMG applicants went unmatched after ranking diagnostic radiology as their only choice), radiology clearly remains highly desirable amongst medical students.

The 25.2% increase in average applications per program reflects the combination of increased applicants AND increased applications per applicant, which continues to increase year after year. This data reaffirms the importance of the Supplemental ERAS application and signaling as these will offer program directors additional assistance in their attempt to holistically review applications.

**Preliminary Supplemental ERAS Application Data**
Over the past couple months, the AAMC’s Supplemental ERAS Application working group has worked with specialty representatives to gather feedback and provide updates. Although specialty data is not available for most of the data at this time, a few items of interest from the AAMC (please see the AAMC’s presentation for complete details):

- Approximately 39,500 supplemental ERAS applications were submitted representing approximately 99% of eligible applicants.
- 16 participating specialties and 2800+ participating programs.
• Initial Year 2 Findings for **Geographic Preferences**:

  **Y2 Initial Findings: Geographic Preferences**

  RQ13: What is the distribution of division preferences?

  Division Preferences
  (n = 78,138 preferences)

<table>
<thead>
<tr>
<th>Division</th>
<th>Percentage</th>
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<tbody>
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<td>Internal Medicine</td>
<td>18%</td>
</tr>
<tr>
<td>Pediatrics</td>
<td>17%</td>
</tr>
<tr>
<td>OB/GYN</td>
<td>12%</td>
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<tr>
<td>Psychiatry</td>
<td>9%</td>
</tr>
<tr>
<td>Surgery</td>
<td>5%</td>
</tr>
<tr>
<td>Family Medicine</td>
<td>4%</td>
</tr>
<tr>
<td>Neurology</td>
<td>3%</td>
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<tr>
<td>Emergency Medicine</td>
<td>3%</td>
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</tbody>
</table>

  (n = 15,028 applicants); Compared to Y1, the percentage per division is similar but fewer reported No Preference. CAUTION: We haven’t pulled in the # programs per region yet. The division preferences likely align with program density per specialty and region.

  RQ18: What is the distribution of setting preferences?

  Setting Preference (n = 34,696)

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<th>Percentage</th>
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<tr>
<td>Strong Preference</td>
<td>17%</td>
</tr>
<tr>
<td>Slight Preference</td>
<td>25%</td>
</tr>
<tr>
<td>No Preference</td>
<td>34%</td>
</tr>
<tr>
<td>Slight Preference</td>
<td>2%</td>
</tr>
<tr>
<td>Strong Preference</td>
<td>1%</td>
</tr>
</tbody>
</table>

  As with Y1, most applicants reported No Preference; the least applicants reported a preference for a rural setting.

• The AAMC notes that the preliminary geographic preference data does not include # of programs per region and division preferences likely align with program density per specialty and region.

• Initial Year 2 Findings for **Program Signals**:

  **Y2 Initial Findings: Program Signals**

  RQ1: How many program signals did applicants send?

  Average Number of Signals Sent by Specialty

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<td>ADULT_NEURO</td>
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</tr>
</tbody>
</table>

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Finally, the Matching Plan Committee would like to remind program directors to utilize the PDWS to report interview invitations (see below and attached PDWS job aid) in order to assist the AAMC in collecting important data to better assess the performance of the Supplemental Application.

*** It is especially important to use the “Selected to Interview” status to ensure that all applicants who were selected to interview are included in the research data. ***
References:

1. Dunleavy D. Supplemental ERAS Application Update: A Year in review
2. PDWS Job Aid – Applicant Interview Data
Supplemental ERAS® Application Update:
A Year in Review
Dana Dunleavy, PhD
Senior Director, Behavioral Assessments
Supplemental ERAS Application Sections

- Past Experiences
  (Available to specialties except for EM and Ob/Gyn)

- Geographic Preferences
  (Available to specialties except for EM and Ob/Gyn)

- Program Signals
Supplemental ERAS Application Goals

- Update questions on the ERAS application to reflect current context
- Help applicants share more information about themselves and their medical education journey
- Drive holistic review in a high-volume application context by providing better information about applicants’:
  - Past experiences
  - Geographic preferences
  - Interest via program signals
2022 Cycle vs 2023 Cycle

- **3 Participating Specialties**
- **719 Participating Programs**
- **27k Eligible Applicants**
- **88% Submissions**

- **16 Participating Specialties**
- **2800+ Participating Programs**
- **39,789 Eligible Applicants**
- **99.30% Submissions**

*ERAS data as of 9/29/2022
What was new in year two?

- Earlier communication and expanded preparation resources for applicants and programs
- Data available in the Program Directors Workstation (PDWS)
- Filter functionality for geographic preferences and program signals
- Re-worked the experiences section to provide mission-aligned information
How has the community been involved?

Input from over 100 program staff, medical school representatives, and students and residents from programs representing:

- University and community-focused affiliated hospitals
- A variety of specialties
- Geographic location

40-person evaluation working group

- Review evaluation work
- Provide feedback and recommendations

Volunteer for future focus groups by emailing us at: residencyinterview@aamc.org
Evaluation Overview & Findings
Full evaluation requires at least 2 years since there is a lag between collection, selection decisions, and entering training.
Sources of Information

Year 1
- Focus Groups
- SuppApp Data
- Applicant Survey
- Advisor Survey
- PD Survey
- Interview Data

Year 2
- Focus Groups
- SuppApp Data
- Applicant Survey
- Advisor Survey
- PD Survey
- Interview Data

Dates:
- Oct 2022
- Nov 2022
- Feb 2023
Y2 Initial Findings

• Interpret with caution.
• We just began processing data for research last week.
• Categorizations are based on “intent to apply” question in SuppApp rather than actual applications. Analyses will be updated.
• Program Signal distributions have not been adjusted for sample size.
• Geographic preference and experience results have not been analyzed by specialty yet.
Past Experiences: Overview

• Goals for Past Experiences Section:
  • Highlight an applicant’s most meaningful experiences
  • Gather information in a way that drives holistic review in a high-volume context

Past Experiences

(Available to specialties except for EM and Ob/Gyn)

New Experience Questions
Primary Focus Area
Key Characteristic

Meaningful Experience Essays

Other Impactful Experience Essay
Y1 Findings: Experiences

- 70% of applicants responded to the Other Impactful Life Experiences Essay
- Most applicants four or five meaningful experiences
- PDs used this section in initial application review and when deciding whom to interview
- The experience essays empowered applicants to highlight who they are to programs

70% of applicants responded to the Other Impactful Life Experiences Essay
Y2 Initial Findings: Experiences

RQ27: What percent of applicants selected each option for the new “mission-aligned” experience questions?

<table>
<thead>
<tr>
<th>Experience Type (n = 160,957)</th>
<th>Focus Area (n = 157,284)</th>
<th>Key Characteristic (n = 160,490)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Military service 1%</td>
<td>Technology 2%</td>
<td>Ethical Responsibility 5%</td>
</tr>
<tr>
<td>Professional organization 3%</td>
<td>Customer service 2%</td>
<td>Ingenuity and Innovation 6%</td>
</tr>
<tr>
<td>Teaching/mentoring 11%</td>
<td>Quality improvement 3%</td>
<td>Reliability and Dependability 7%</td>
</tr>
<tr>
<td>Other extracurricular activity 13%</td>
<td>Healthcare administration 3%</td>
<td>Resilience and Adaptability 8%</td>
</tr>
<tr>
<td>club hobby 13%</td>
<td>Basic science 4%</td>
<td>Self Reflection and Improvement 9%</td>
</tr>
<tr>
<td>Research 13%</td>
<td>Social justice/advocacy 4%</td>
<td>Cultural Humility and Awareness 10%</td>
</tr>
<tr>
<td>Work 16%</td>
<td>Public health 6%</td>
<td>Communication 10%</td>
</tr>
<tr>
<td>Education/training 17%</td>
<td>Promoting wellness 7%</td>
<td>Critical Thinking and Problem Solving 13%</td>
</tr>
<tr>
<td>Volunteer/service/advocacy 27%</td>
<td>Music/Athletics/Art 8%</td>
<td>Empathy and Compassion 14%</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Focus Area</th>
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<tbody>
<tr>
<td>Medical education 18%</td>
<td>Teamwork and Leadership 19%</td>
</tr>
<tr>
<td>Community involvement/outreach 18%</td>
<td></td>
</tr>
<tr>
<td>Clinical/translational science 15%</td>
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<tr>
<td>Improvement access to healthcare 10%</td>
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**Geographic Preferences: Overview**

- **Goals for Geographic Preferences Section:**
  - Provide a process for sharing geographic preferences that enhances accuracy and fairness
  - Communicate the importance of geography for an applicant
  - Provide an opportunity to share preferences for regions and location setting

**Geographic Preferences**

(Available to specialties except for EM and Ob/Gyn)
Program directors used geographic preferences as part of their holistic decision and/or as a tiebreaker when deciding whom to interview.

Applicants who resided in the same region had higher interview offer rates than those who did not.

Program directors reported that geographic preferences information helped identify applicants they would otherwise have overlooked.

FINDINGS YEAR 1
Y1 Findings: Geographic Preferences

RQ: How did geographic preferences affect interview invitation rates for applicants in the same region as the program?

Applicants from the Same Region

Overall Interview offer rate = 41%

Dermatology
- Geo Preference for the Region: 21%
- Geo Preference for Another Region: 13%
- No Geo Preference: 26%

Internal Medicine (Categorical)
- Geo Preference for the Region: 42%
- Geo Preference for Another Region: 39%
- No Geo Preference: 36%

Overall Interview offer rate = 23%
Y1 Findings: Geographic Preferences

RQ: How did geographic preferences affect interview invitation rates for applicants from different regions?

Applicants from the Different Regions

Overall Interview offer rate = 6%

Dermatology
- Geo Preference for the Region: 10%
- Geo Preference for Another Region: 4%
- No Geo Preference: 7%

Internal Medicine (Categorical)
- Overall Interview offer rate = 21%
- Geo Preference for the Region: 27%
- Geo Preference for Another Region: 16%
- No Geo Preference: 18%
Y2 Initial Findings: Geographic Preferences

RQ13: What is the distribution of division preferences?

- Division Preferences (n = 78,138 preferences)

- South Atlantic
  - 18%
- Middle Atlantic
  - 17%
- East North Central
  - 13%
- New England
  - 13%
- Pacific West
  - 9%
- West South Central
  - 9%
- Mountain West
  - 7%
- East South Central
  - 5%
- West North Central
  - 4%
- Missing
  - 3%

(n = 35,028 applicants); Compared to Y1, the percentage per division is similar but fewer reported No Preference. CAUTION: We haven’t pulled in the # programs per region yet. The division preferences likely align with program density per specialty and region.

RQ18: What is the distribution of setting preferences?

- Setting Preference (n = 34,696)

- Strong Preference for URBAN
  - 17%
- Slight Preference for URBAN
  - 25%
- No Preference
  - 54%
- Slight Preference for RURAL
  - 2%
- Strong Preference for RURAL
  - 1%

As with Y1, most applicants reported No Preference; the least applicants reported a preference for a rural setting.
Program Signals: Overview

• **Goals for Program Signals Section:**
  • Provide a process for sharing genuine interest in a program that enhances accuracy and fairness.
Program Directors reported that program signals helped them identify applicants they would otherwise have overlooked.

Most Program Directors used program signals as part of holistic review process to invite applicants to interview and as a tiebreaker for deciding whom to invite to interview.

Program signals may help applicants be noticed by programs they have the most interest in.
Y1 Findings: Program Signals

Distribution of Program Signals by Specialty

Across all specialties, signals were not distributed evenly across programs.
Y1 Findings: Program Signals

Signaling improved the median predicted likelihood of receiving an interview invitation.
### Y2 Initial Findings: Program Signals

RQ1: How many program signals did applicants send?

#### Average Number of Signals Sent by Specialty

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Y2 Initial Findings: Program Signals

RQ5: What is the distribution of signals across programs?

As with Y1, there is a not uniform distribution of signals, even in specialties that tried a “large signal” approach.

Categorizations are based on “intent to apply” question in supplemental ERAS application rather than ERAS actual applications. Analyses will be updated.

Program Signals have not been adjusted for sample size. Analyses will be updated.
Y2 Initial Findings: Program Signals

RQ5: What is the distribution of signals across programs?

- Adult Neurology (3)
- Anesthesiology (5)
- Dermatology (3)
- Emergency Medicine (5)
- General Surgery (5)
Y2 Initial Findings: Program Signals

RQ5: What is the distribution of signals across programs?

- Internal Medicine Categorical (7)
- Internal Medicine/Psychiatry (2)
- Psychiatry (5)
- Diagnostic Radiology (6*)
- Interventional Radiology (6*)
Y2 Initial Findings: Program Signals

RQ5: What is the distribution of signals across programs?

Neurological Surgery (8)

Obstetrics and Gynecology (3 Gold)

Obstetrics and Gynecology (15 Silver)

Orthopedic Surgery (30)

Pediatrics (5)
Y2 Initial Findings: Program Signals

RQ5: What is the distribution of signals across programs?

- Physical Medicine and Rehabilitation (4)
- Public Health and General Preventive Medicine (3)
Program Resources

Guides & Job Aids
- Supplemental ERAS application Guide for Applicants
- Supplemental ERAS application Guide for Programs
- Interview Statuses in the PDWS for the supplemental ERAS application
- What SuppApp Data will look like in the PDWS

Training Video(s)
- Supplemental ERAS application for Program Directors Webinar
- Incorporating the supplemental ERAS application into your Residency Selection Process
- Using Holistic Principles to Identify Applicants You Desire for Your Program

QR code will direct you to login. Use your One AAMC Credentials (the login you use for PDWS) to access resources.
2022-2023 Supplemental ERAS Application by the Numbers

The supplemental ERAS application closed Friday, September 16th. Participating programs were able to begin viewing data when the PDWS opened on September 28th at 9am ET. Approximately 39,500 supplemental ERAS applications were submitted representing approximately 99% of eligible applicants.

Presentations

Supplemental ERAS Application: A Year in Review

On Friday October 7th Dana Dunleavy, PhD presented with Ilana Rosman, MD, Kari Rosenkranz, MD and Sara L Wallach, MD on the Supplemental ERAS Application at the NRMP Transition to Residency conference. Please find a modified version of the presentation attached which includes preliminary data for year two thus far.

2022-2023 Supplemental ERAS Application Evaluation Working Group Update

The 40-member working group last met on September 28th and reviewed preliminary overall findings of experiences, geographic and program signal distributions. These individuals represent 17 specialties, student affairs and DO constituencies. Please reach out to your representative(s) if you have questions or feedback about the evaluation work.

Subcommittee Updates

Applicant Survey

On Tuesday, Oct. 4, 2022, any applicant who started and/or submitted their MyERAS and/or supplemental ERAS application received email requesting feedback on their experience applying to residency this year. Applicants’ responses will be used to help the AAMC drive improvements to the ERAS residency application process for future medical students. If you or your applicants have any questions about this survey, please contact MyERAS@aamc.org. We ask that you please encourage your applicants to complete this survey by Oct 21, 2022.

Advisor Survey Subcommittee

On Tuesday, Oct. 11, 2022, faculty or staff at a medical school or associated institution who counseled students applying to ERAS residency programs received an email from MyERAS@email.aamc.org requesting feedback on their experience advising students this year. Responses will be used to help the AAMC drive improvements on resources for medical school advisors. We ask that you please share the survey link and encourage colleagues who advise residency applicants to complete this survey by Oct 28, 2022. https://surveys.aamc.org/se/7C7E87CB4789243B

Program Director Survey Subcommittee
On October 12th, the program directors survey subcommittee met to review and edit the Program Directors survey. The survey is scheduled to launch the week November 15th and will remain open for approximately three weeks.

We encourage programs to complete this upcoming survey to continue to shape innovations in the residency space.

**Content Section Subcommittees**

Beginning the last week of October, we’ll be meeting with the content section subcommittees (experience, geographic preferences and program signals) to review and share preliminary findings and begin to answer research evaluation questions.

Before the end of 2022, we will develop reports for each content area with specialty specific results.

**Resources for Programs**

Use the supplemental application data properly and to your program’s best advantage. Review the specialties participating in the supplemental ERAS application webpage for guidance on best practices and use of the supplemental application.

Take advantage of our training resources. The AAMC offers a number of helpful tools, including a Supplemental ERAS Application Guide for Programs, Program Director’s Workstation (PDWS) User Guide, a full resource library, and much more. It can all be found on the ERAS PDWS Community Site, which includes a discussion forum and links to recorded webinars.

**Important Tips to Remember**

- Review applicants’ 5 most meaningful experiences in the PDWS “Supplemental Application” tab to learn more about how their past experiences and interests align with your program’s mission.
- Review the other impactful experience essay to gain a better understanding of applicants’ lived experiences and interpret their application in context.
- Use geographic preferences and program signals as plus factors, not as screening tools. Both are indicators of interest, not applicants’ qualification.
- Treat a preference for your division and “no geographic preference” as indicators of interest in your division. Dive deeper into those applications and look for connections to your division or other areas of interest that align with your program’s mission and may supersede a geographic connection.
- Use program signals to identify applicants who may be interested in your program. Dive deeper into those applications and look for training and experiences that align with what it takes to be successful and align with your mission.
• Remind your application reviewers of your specialty’s policy about signaling home and away rotations. Some programs provided guidance that differed from the specialty’s policy. If your program provided different guidance to applicants, remind your application reviewers of your decision so they understand why applicants may or may not have signaled their home or away program. Policies here.

Evaluation Request for Interview Invitation Data

Use the PDWS Interview Scheduler to manage applicant interview data. To evaluate the fairness and value added by the supplemental ERAS application, we are in need interview invitation data for all applicants that applied to your programs. In addition to any other interview scheduling tool you are using, we request that participating programs utilize the PDWS to report interview invitations regardless of whether the applicant participated in the supplemental application to aid us in data collection.

1. For those who use the PDWS Interview Scheduler, they would go about their actions to:
   a. Select their applicants for interview - "Selected to Interview"
   b. Send invitations to applicants to RSVP
      i. This will automatically update the interview statuses for "Invited to Interview", "Scheduled for Interview", "Waitlisted for Interview", "Cancelled", "Declined"
   c. Mark applicants as "Interviewed"

2. For those who use a scheduling tool OUTSIDE of the PDWS, they would - depending on their external scheduling- simply mark the applicants' interview statuses with one of the following:
   a. "Selected to Interview"
   b. "Invited Privately"
   c. "Interviewed"

For further details, refer to the Interview Scheduler Job Aids.
Interview invitation data will be critical to the AAMC’s effort to evaluate the fairness and value added by the supplemental ERAS application. Please use the following tips to input applicant interview data into the PDWS to report interview invitations and to aid us in data collection and research.

If your program **intends to use the PDWS Interview Scheduler**, simply continue with the default workflow to use the “Selected to Interview” status and invite applicants to interview.

*The PDWS will automatically reflect the interview statuses of the applicants as they go through the interview process.*

- Please mark applicants with the “Interviewed” status to indicate that they have been interviewed
- For more instructions on using the interview scheduler, you may refer to our [Interview Scheduler Job Aids](#) or you may watch our recorded webinars on the PDWS Interview Scheduler [Part 1](#) and [Part 2](#)

If your program **intends to use an interview scheduling tool outside of the PDWS**, please mark the interview statuses for “Selected to Interview”, “Invited Privately”, and “Interviewed” for applicants who have been selected to interview, sent an invitation, and been interviewed.

*** It is especially important to use the “Selected to Interview” status to ensure that all applicants who were selected to interview are included in the research data. ***

NEED HELP? [Contact the Client Technical Support](#) Monday-Friday 8 a.m.– 6 p.m. ET at 202-828-0413