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### **Disclosures**



Recognizes that ambiguity is part of clinical medicine and responds by utilizing appropriate resources in dealing with uncertainty (Prof 4.PMP.PPD 8)

Level 1	Level 2	Level 3	Level 4	Level 5
Overwhelmed by ambiguity.	Recognizes uncertainty.	Anticipates uncertainty and	Uses patient health care goals	Consistent revisiting of what is
Communications with	Transfers information to	seeks resolution framed by	and cost versus benefit to	known, what is not known,
patients are authoritarian.	patient regardless of patient	physician goals and risk, not	guide evaluation.	and what the patient's needs
Disregards patient need for	readiness in physician	patients.		are. Transparent
hope.	framework.			communication.

# The great unknown: 10 tips for dealing with the stress of uncertainty

Findings from the APA Stress in America Survey highlight common ways that uncertainty stresses us out.

#### Tips to help face life's uncertainties:

Be kind to yourself
Reflect on past successes
Develop new skills
Limit exposure to news
Avoid dwelling on things you can't control

Take your own advice
Engage in self-care
Seek support from those you trust
Control what you can
Ask for help



### **Overview**

- Case for Change
- Pilot Data
- Plans for 2022-2023 cycle
- Next Steps
- Opportunities/Risks
- Resources

### **Objectives**

At the end of this session, participants will be able to:

- Identify potential benefits and pitfalls when using the supplemental application
- Describe how students can best use the supplemental application
- Develop an approach to incorporating the new elements into the residency selection process

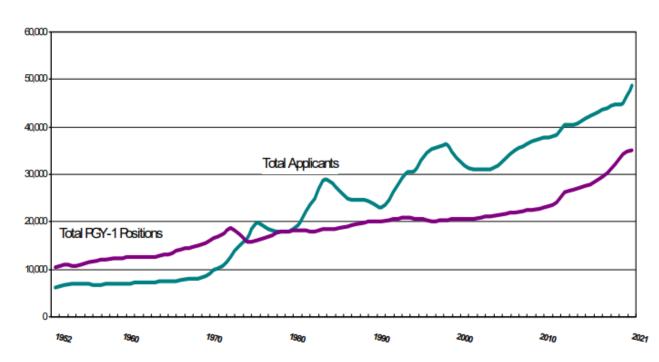
## **Match Frenzy**



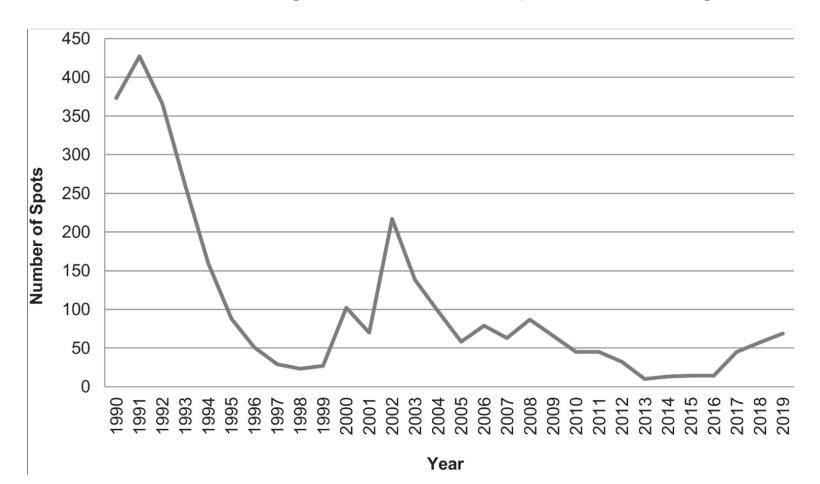
### **NRMP**

#### Figure 1

Applicants and 1st Year Positions in the Match, 1952 - 2021



#### NRMP 2019 data: Diminishing numbers of unfilled positions following the Match



#### VIEW FROM THE ASSOCIATION OF PEDIATRIC PROGRAM DIRECTORS

# The Pediatric Match Frenzy: An Overview and an Approach for Mentoring Medical Students

Nancy N Liao, MD; John D Mahan, MD; Rebecca Scherzer, MD

#### **A**BSTRACT

Applying for a pediatric residency position has become an increasingly stressful event and recently medical educators have described it as a "Match Frenzy." Match statistics demonstrate increased competition for pediatric residency positions and a record number of applications. Faculty who mentor medical students are now challenged to counsel them through the intensified process and pediatric residency programs are now forced to navigate the rising number of applications. We define the Match Frenzy and its implications, review historical and

current match statistics, and describe a data-driven approach to the problem. Through mitigating the frenzy surrounding this process, we can help students and residency programs better allocate their precious resources.

**KEYWORDS:** Match frenzy; medical education; national residency matching program; pediatric residency

**ACADEMIC PEDIATRICS** 2020;20:152–156

#### **PSYCHIATRIC** NEWS



DEPARTMENTS V PN in ADVANCE Clinical & Research Professional Government & Legal Community Education

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EDUCATION AND TRAINING

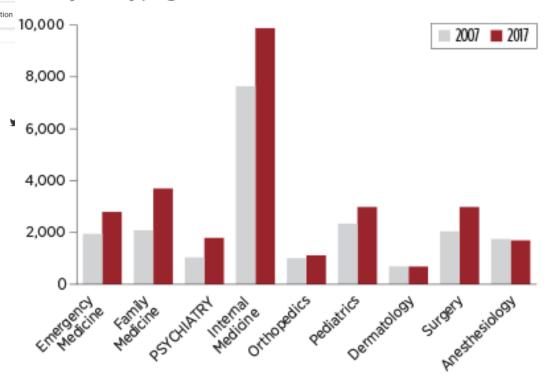
Match Madness: Educators Call Frenzy of Applications Bad for GME

MARK MORAN

Published Online: 27 Jan 2017 https://doi.org/10.1176/appi.pn.2017.2a2

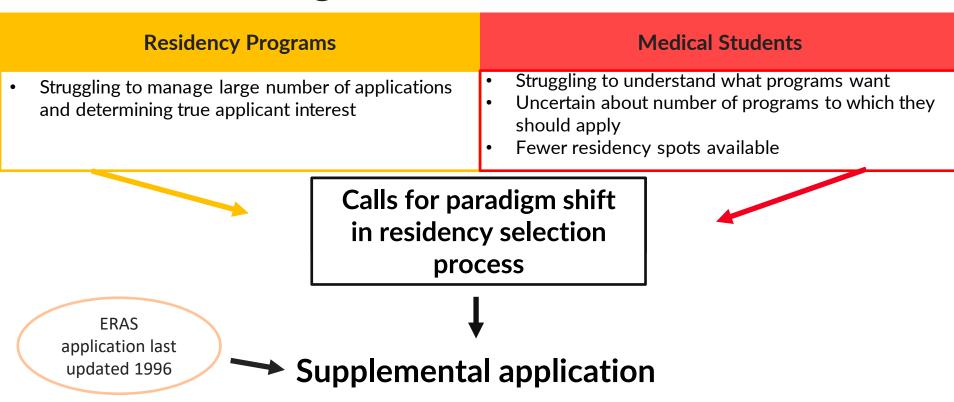
#### Applicants to Training Programs Increase Dramatically

There has been an exponential increase in the number of applicants to residency programs filed through the Electronic Residency Application Service. In many specialties these applicants are filing applications to as many as forty programs.



Source: Sidney Weissman, M.D., from Electronic Residency Application Service

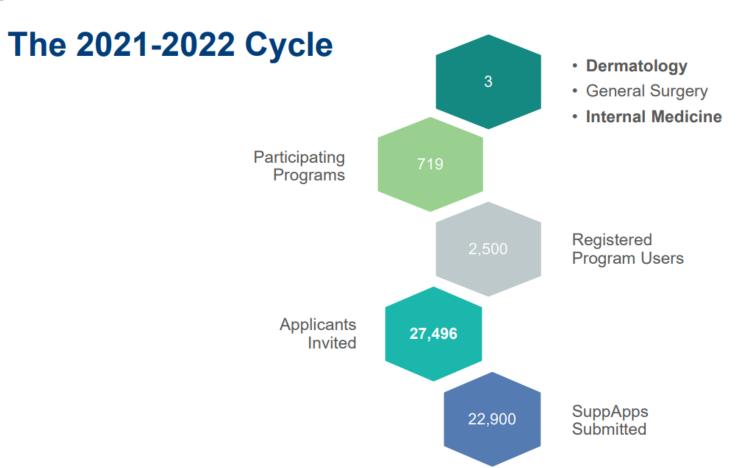
### **Case for Change**



### **Pilot Data** 2021-2022



### Pilot = Year 1



### **Components**

#### **Supplemental ERAS Application**





research

experiences

# Goals for Prior Work, Volunteer & Research 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**

- Applicants reported 4-5 meaningful experiences
- Most-reported experience types:
  - Education/training (13%-22%)
  - Research (14%-23%)
  - Volunteer/service/advocacy (22%-27%)
  - Work (11%-19%)
- 46% of applicants thought the essays empowered them to highlight who they are to programs
- Program directors reported mixed reactions
  - Most reported using these during their initial application review (85%) and when deciding whom to interview (80%)
  - They also reported the section was redundant with information from the myERAS application



Geographic Preference

#### **Goals for Geographic Preference Section:**

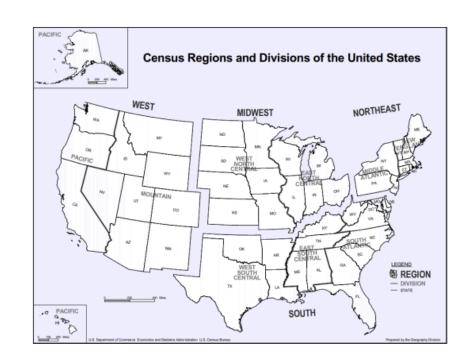
- Provide a process for sharing geographic preferences that enhances accuracy and fairness
- Communicate the importance of geography for an applicant
- Provide an opportunity to share preferences for regions and location setting (i.e., rural, urban)

#### **Year 1: Communicate Regional Preferences**

Applicants had an opportunity to communicate regional preference(s)

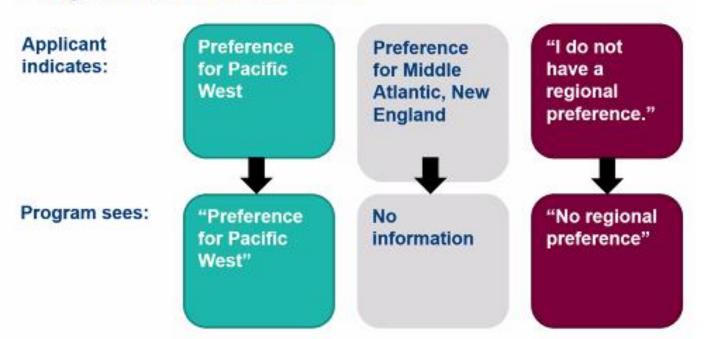
- Select up to 3 of the 9 US Census divisions and share information and short explanation (up to 300 characters)
- Select "No region preference" and short explanation (up to 300 characters)

Applicant had the opportunity to communicate urban and rural setting preference(s) separately and share a short explanation



### How will information be shared with programs?

#### Program is in Pacific West



### **Geographic Preferences**

- Over 60% of applicants indicated at least one preference
- About 33% of applicants indicated they had no geographic preference
- About 50% of applicants and advisors thought geographic preference information may help applicants be noticed by programs they have the most interest in
- Over 85% of PDs reported using geographic preferences as part of their holistic decision and/or as a tiebreaker when deciding whom to interview
- About 60% of PDs reported that geographic preferences information helped identify applicants they would otherwise have overlooked



Program Signals

#### **Goals for Program Signals Section:**

 Provide a process for sharing genuine interest in a program that enhances accuracy and fairness

#### **Year 1: Program Signals**

- Applicants had the opportunity to send signals to participating programs
- Programs only saw whether an applicant signaled their program
- Applicants were told NOT to signal the program affiliated with their medical school (i.e., home program) or any program at which they completed an in-person clinical sub-Internship or away rotations.
  - Program Code of Conduct
    - Programs shall NOT disclose the identification of applicants who have signaled.
    - Programs shall NOT ask interviewees where they have signaled.
    - Programs shall NOT disclose the number of signals they have received
  - · Signals are appropriate for use in the interview offer phase only

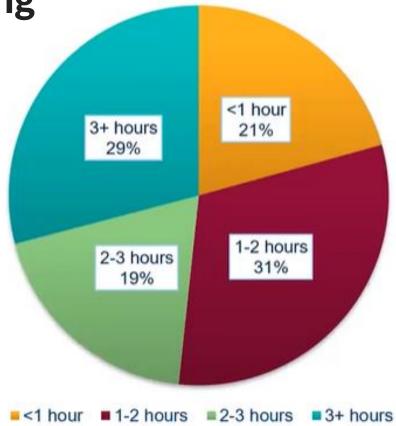
### **Program Signals**

- Almost all categorical applicants used the maximum number of signals
- Most applicants (69%-79%) sent signals to programs located in the same geographic division as their permanent address
- Preference signals were not equally distributed across programs
  - About ¼ of the programs in each specialty received 46%-53% of all signals
  - This suggests that preference signals may not have equal value to all programs, especially those that receive a large or small number of signals

### **Program Signals**

- More than 50% of respondents believed preference signals may help applicants be noticed by programs they have the most interest in
- The top factors applicants considered when signaling were:
  - Alignment of program strengths with career interests (67%)
  - Location of program/geographic preference (66%)
  - Strength of the program's clinical training (54%)
- PDs used and saw value in preference signals
  - Most PDs reported using signals as part of the holistic process to invite applicants to interview (95%-96%) and as a tiebreaker for deciding whom to invite to interview (84%-94%)
  - 75% of PDs reported that preference signals helped them identify applicants they would otherwise have overlooked

Time Spent Completing Supplemental App



### **Applicant and Advisor Experience**

- ~50% of applicants reported talking to their medical school advisor,
   PD, faculty mentor or engaging in social media discussions about the supplemental application
  - Over 70% of applicants found those conversations useful
- ~80% of advisors used AAMC resources, and almost 90% found these resources useful
- Only ~1/3 of advisors felt confident advising their applicants about the geographic preference and preference-signaling questions
- Top three questions from students were about:
  - Strategy for sending preference signals (66%)
  - How the supplemental ERAS application will be used (64%)
  - Strategy for using geographic preferences (54%)

# Year 2 2022-2023



## **Timeline**

Date	Milestone
Aug. 1, 2022, at 9 a.m. ET	<ul> <li>Supplemental ERAS application opens.</li> <li>The AAMC begins sending invitations to the supplemental application. Invitations are sent daily (Monday-Friday).</li> </ul>
Sept. 14, 2022, at 11:59 p.m. ET	Deadline for applicants to register an ERAS token to receive an invitation to the supplemental application.
Sept. 16, 2022, at 5 p.m. ET	<ul> <li>Deadline for applicants to submit the supplemental ERAS application.</li> <li>Supplemental ERAS application closes.</li> </ul>
Sept. 28, 2022	<ul> <li>Program Director Work Station (PDWS) opens to programs.</li> <li>Supplemental ERAS application data available to programs along with all other ERAS data in the PDWS.</li> </ul>

### **Participating Specialties**

- Adult Neurology
- Anesthesiology
- Dermatology
- Diagnostic Radiology and Interventional Radiology\*
- Emergency Medicine (Program Signals only)
- General Surgery
- Internal Medicine (Categorical only)
- Internal Medicine/Psychiatry
- Neurological Surgery
- Obstetrics and Gynecology (Program Signals only)
- Orthopedic Surgery
- Pediatrics
- Physical Medicine and Rehabilitation
- Preventive Medicine
- Psychiatry

<sup>\*</sup> These two specialties are listed together because they collaboratively decided to combine their program signals. For more information about this decision, please see the <a href="Program Signaling Questions">Program Signaling Questions</a> section.

### **Meaningful Experiences**

### Choose the <u>one</u> focus area that *best* describes the experience for you.

- Basic science
- Clinical/translational science
- Community involvement/outreach
- · Customer service
- Healthcare administration
- Improving access to healthcare
- Medical education

- Music/Athletics/Art
- Promoting wellness
- Public health
- Social justice/advocacy
- Technology
- Quality improvement

#### Experience Type

- Focus Area
- Key Characteristics
- Meaningfulness Essay

### Choose the <u>most important</u> characteristic that you demonstrated or developed during the experience.

- Cultural Humility and Awareness
- Empathy and Compassion
- Communication
- Teamwork and Leadership
- Reliability and Dependability

- Ethical Responsibility
- Self Reflection and Improvement
- Resilience and Adaptability
- Critical Thinking and Problem Solving
- · Ingenuity and Innovation

## **Optimal Use of Meaningful Experiences**





### **Geographic Preferences**

Indicate your preference (or lack of preference) for up to three U.S. Census divisions

- Pacific: AK, CA, HI, OR, WA
- Mountain: AZ, CO, ID, MT, NM, NV, UT, WY
- West North Central: IA, KS, MN, MO, NE, ND, SD
- East North Central: IL, IN, MI, OH, WI
- West South Central: AR, LA, OK, TX
- East South Central: AL, KY, MS, TN
- South Atlantic: DC, DE, FL, GA, MD, NC, PR, SC, VA, WV
- Middle Atlantic: NJ, NY, PA
- New England: CT, ME, MA, NH, RI, VT
- I do not have a division preference

#### **Setting preference**

Students will be asked to indicate a degree of preference for an urban or rural setting or indicate that they do not have a preference. They will also have an opportunity to explain their preference or lack of preference

### **Geographic Preferences**

- If a student indicates a preference for a division, preference for that division and corresponding essay will be shared only with programs in that division. Preference for that division will not be shared with programs outside that division.
- If a student indicates "I do not have a division preference," this selection and corresponding essay will be shared with all programs

- If a student does not respond to the question, no division preference information will be shared with any programs
  - For setting preference (urban/rural), if a student indicates a preference or lack of preference for setting, preference (or lack of preference) and corresponding essay will be shared with all programs

# **Signals**

Specialty	Max # of Signals	Signal Home Institution?	Signal In- Person Clinical Sub- Internship or Away Rotations?	Specialty Specific Information
Adult Neurology	3	Yes	Yes	
Anesthesiology	5	Yes	Yes	
Dermatology	3	No	No	
Diagnostic Radiology and Interventional Radiology	6	Yes, unless the home program tells you not to.	Yes	These two specialties combined their signals due to the very high overlap in applicants, with the majority of these overlapping applicants applying to both specialties at the same institution. Applicants will be able to signal a total of 6 programs across both specialties.
Emergency Medicine	5	No	No	For further guidance, visit cordem.org/resources/preference program-signaling.

General Surgery	5	Yes	Yes	
Internal Medicine (Categorical)	7	No	No	For further guidance, visit im.org/home.
Internal Medicine/ Psychiatry	2	Yes	Yes	
Neurological Surgery	8	Yes	Yes	
Obstetrics and Gynecology	18	Yes	Yes	3 Gold signals (highest interest) 15 Silver signals (very high interest) For further guidance, visit apgo.org/page/rrrapplicant.
Orthopedic Surgery	30	Yes	Yes	For further guidance, visit aoassn.org/ume-gme-resources and orin.aoassn.org.
Pediatrics	5	Yes, unless the home program tells you not to.	Yes	
Physical Medicine and Rehabilitation	4	Yes	Yes	
Preventive Medicine	3	Yes	Yes	
Psychiatry	5	Yes, unless the home program tells you not to.	Yes	

## **Next Steps**



### **Potential Benefits**



Supplemental application allows students to highlight the most important/impactful experiences



Geo preferencing and signaling may help applicants be noticed by programs



Programs may use geo preferencing and signaling as part of the holistic process to invite applicants to interview they would have otherwise overlooked and as a tiebreaker

### **Potential Issues**



Supplemental application increases the time required to prepare and review materials and may be redundant with the standard application



Concern for misuse/misunderstanding of geographic preferencing or signaling



Uncertainty with this new process

## Implications for Residency Programs

- Programs can review past experiences in the Program Director Work Station (PDWS)
- Programs can use experiences to understand applicant interests and how they align with program goals and build a well-rounded cohort
- How do programs ensure preferences and signals are used for initial review only?
- Do students need to signal home institution?

# Implications for Students/Career Advisors/Student Affairs

- Students should consider entire application and be strategic
- Students should highlight WHY a particular experience was meaningful or important to them, their development or their career trajectory
- Should students signal both "safety" and "reach" programs?
- Signaling a program does not guarantee an interview

# Diversity, Equity & Inclusion Considerations

- How will the impactful experiences be used?
- Does the supplemental application introduce bias?

### Resources



#### **AAMC** Resources



#### Introduction

This guide is designed to help you prepare to complete the supplemental ERAS® application. It provides an overview of the supplemental application, lists the participating specialties, and outlines the timeline for accessing and submitting the supplemental application. The guide also provides guidance and tips for completing each section and highlights evaluation results from the 2022 ERAS cycle, which included three specialties (Dermatology, General Surgery, and Internal Medicine) and over 20,000 applicants. Finally, the appendix displays all supplemental application questions and instructions.

#### About the Supplemental ERAS Application

The <u>supplemental ERAS application</u> is being offered by the AAMC (Association of American Medical Colleges) as part of ongoing efforts to improve the MyERAS application. It features new questions that will help applicants showcase their interests and experiences to programs. This information will help residency programs better understand how applicants' interests and experiences align with their program environment, mission, and goals.

The supplemental application is separate and distinct from the standard MyERAS application. Your participation in the supplemental application is optional. It will be administered online and consists of three sections:

- Past Experiences
- · Geographic Preferences
- Program Signals

The Electronic Residency Application Service® (ERAS®) is offering a supplemental application designed to help students share more about themselves and assist program directors in finding applicants that fit their programs' setting and mission.

#### About the supplemental ERAS® application

**Supplemental ERAS® application** 

In addition to the main MyERAS® application, 16 specialties will use a supplemental ERAS® application during the ERAS

https://students-residents.aamc.org/media/12326/download

https://students-residents.aamc.org/applying-residencies-eras/supplemental-eras-application-eras-2023-cycle

#### Pediatric Resources











APPD/COMSEP/AMSPDC/FuturePedsRes/NextGenPediatricians Letter to Our Pediatrics Community **About the Residency Recruitment Process** June 13, 2022

The leadership of APPD, COMSEP, AMSPDC, FuturePedsRes, and NextGenPediatricians have been working collaboratively with Undergraduate Medical Education (UME) and Graduate Medical Education (GME) leaders and learners to optimize the residency recruitment process for applicants and programs Through this process, we have sought substantial input from applicants, program leaders, chairs, the greater pediatric community, and other specialties. In addition, we have reviewed and appreciate the Coalition for Physician Accountability 2021 Recommendations, AAMC 2022 Recommendations, and AACOM 2022 Recommendations.

Our primary goal is to optimize the recruitment process for both learners and programs by:

- (1) Helping learners find programs that support their career goals while providing an atmosphere conducive to how they learn best.
- (2) Creating a fair and equitable application process for both learners and programs.

May 2022

#### Career Advising Corner

COMSEP Career Advising Collaborative

Hello COMSEP members! After a pandemic semi-pause, we are excited to reinstate our Career Advising Corner. We will be posting "just in time" career advising information to the site as a resource for you in your role as a career advisor for students interested in pursuing a Pediatrics residency. This edition is focused on IMPORTANT changes to the 2022-2023 application process - and is just the first in (what we anticipate) will be a series of brief posts to help guide advisors through this new process as it unfolds. While most of our advice is based, in large part, on years of practical experience advising students, the upcoming posts on the Supplemental Application will incorporate what has been learned from last year's pilot and discussions with representatives from medical students, program directors and other medical student advising colleagues in collaboration with the Pediatric Residency Recruitment Action Team. Please see the summary infographic at the end, and please share with colleagues at your school.

Thank you to Rachel Thompson and Jenny Soep for their contributions to this edition.

#### #PedsMatch2023 webinar series facilitated by FuturePedsRes, APPD, and COMSEP

- Kick-off and wrap-up webinars covering ERAS supplement, #ApplySmart, Letters of Recommendation. Interviews
- Group specific mentoring panels (DO, IMG, Equity)
- Regional program introductions
- Encourage your students to follow Future Peds Res on Twitter/Instagram

#### SUPPLEMENTAL **APPLICATION AND** SIGNALING

#### Supplemental Application

Applicants are able to list up to 5 meaningful experiences such as:

- · Research
- · Teaching/Mentoring
- · Volunteer/Service/Advocacy
- Can include explanation of why each experience is meaningful (up to 300 characters)

#### **Geographic Preference**

Applicants can indicate a preference for up to 3 of 9 US census regions with a short explanation (up to 300 characters)





#### Key Details

- · Process designed to allow students to demonstrate their true interest
- . Programs should use geographic preference and signaling during interview offer phase only
- . Applicants should signal home program if it is in their top 5
- . Students can "opt in" to these three processes
- . Only programs that have chosen to participate can view these elements

#### Potential Benefits



- . Supplemental application allows students to highlight the most important/impactful experiences
- . Geo preferencing and signaling may help applicants be noticed by
- . Programs may use geo preferencing and signaling as part of the holistic process to invite applicants to interview they would have otherwise overlooked and as a tiebreaker

For Additional Information:

# Match Day 1994





