

2023-2024 MyERAS Applicant and Advisor Guide for Emergency Medicine

The 2023-2024 MyERAS residency application season brings substantive changes to the MyERAS application. These changes include the incorporation of the major components of the recent supplemental application as well as modification to the Past Experiences section.

The AAMC has once again created comprehensive material describing the new application and we encourage all stakeholders to review these materials as a starting off point:

[The MyERAS® Application and Program Signaling for 2023-24 Website](#)

The changes to the MyERAS application stem from extensive data analysis and feedback from applicants, advisors, and program leaders in specialties participating in the ERAS Supplemental Application. [[Supplemental ERAS Application Data](#)].

The purpose of this guide is to synthesize the AAMC's guidance and offer commentary targeted specifically towards applicants pursuing Emergency Medicine and their advisors. This guide specifically reviews and provides guidance relating to changes in [Past Experiences](#), [Geographic and Setting Preferences](#) as well as [Program Signaling](#).

Past Experiences

Selected Experiences, Most Meaningful Experiences

The Past Experiences section provides you with the opportunity to share how you have spent your time while not in the classroom. While in previous years you could include as many experiences as you wanted, in the current format, you may include only **up to 10**. The experiences you choose to include will help programs get to know your skills and interests as well as what you are passionate about. For each experience, you will have the opportunity to provide a short (up to 1020 characters) description of your involvement, responsibilities, and any important context. From these ten selected experiences, **you will also be able to designate up to three of these entries as your most meaningful**, supplemented by an additional short (up to 300 characters) description explaining why they are “most meaningful and how they have affected you”.

The previous iteration of Past Experiences required entries to be labeled as either Research, Volunteering, or Work. The new format expands these options to: Military Service; Professional Organization; Work; Teaching/Mentoring; Research; Education/Training; Volunteer/Service/Advocacy; and Other Extracurricular Activity/Club/Hobby. Applicants will then further characterize each experience by setting, focus area, and key characteristics. These options will all be single-select, so applicants will need to choose the most closely matched option for each experience, recognizing that multiple options might be relevant.

Settings	Focus Area	Key Characteristics
<ul style="list-style-type: none"> • Rural • Rural/Urban • Urban • Urban/Suburban • Suburban • Virtual 	<ul style="list-style-type: none"> • Basic science • Clinical/translational science • Community involvement/outreach • Customer service • Healthcare administration • Improving access to healthcare • Medical education • Music/Athletics/Arts • Promoting wellness • Public health • Quality improvement • Social justice/advocacy • Technology 	<ul style="list-style-type: none"> • Communication • Critical thinking and problem solving • Cultural humility and awareness • Empathy and compassion • Ethical responsibility • Ingenuity and innovation • Reliability and dependability • Resilience and adaptability • Self reflection and improvement • Teamwork and Leadership

To understand how best to complete this section, it is helpful to understand how programs are likely to use it. The purpose of expanding the experience types and adding the key characteristics and primary focus areas is to allow applicants to delineate with more detail, but in more standardized terms, how they have spent their time. These fields will be searchable and able to be set as filters to help programs seek out applicants with experience in activities that they consider desirable. Similarly, having applicants distinguish the experiences they consider to be the most meaningful helps programs identify applicants whose interests align well with the program’s own focus or mission. Because these focus areas and key characteristics can be filtered by programs to help them identify mission matches, it is also suggested that applicants choose from a variety of focus areas and key characteristics across their 10 chosen experiences to increase their chances of being “filtered in” during application review.

To most effectively harness the potential here, the AAMC has salient advice:

- Reflect and identify experiences that communicate who you are, what you are passionate about, and what is most important to you.
- Consider your experiences as a complete set. Use them to paint a full picture of yourself.
- Use the Past Experiences section to complement the other parts of your application--as a chance to draw attention to things that have not already been highlighted elsewhere in your application.

For EM, we cannot overemphasize how essential it is to be authentic to who you are and what is important to you (not what you think programs want to hear!). If an applicant has more than 10 experiences they want to include, difficult choices will have to be made. EM is a specialty of breadth and showing unique or different facets that cannot be found elsewhere on the application is compelling. As a general rule, we would also recommend favoring experiences with longer-term over shorter-term involvement. For example, most programs will find it much more valuable to know about the service-industry job held throughout college than the morning you spent in the first aid tent at a charity fundraising walk. The time involved, both weekly and/or monthly, as well as overall length of the experience, can demonstrate commitment to that

activity. If you are dual applying to EM plus another specialty, you might need to carefully consider how best to allocate your experiences since the same ten will be seen by all programs across all specialties to which you apply.

Another important change from previous years is that this section will be the only place on the ERAS application to discuss your hobbies (there will no longer be a general field for listing hobbies and interests). Devoting at least one of your experiences to an activity that is important to you can help programs get a more complete sense of who you are as a person. Mentioning a meaningful hobby in your personal statement or devoting a line in your Medical Student Performance Evaluation (MSPE) can be potential ways of including your activities in your application.

Impactful Experience Essay (Optional)

This essay is an opportunity to describe how you overcame a challenge or obstacle related to your background and/or a particular life experience which may have impacted your path to a career in medicine. This challenge could have occurred at any time in your life.

It is important to emphasize that this portion of the application is **optional**. This essay opportunity is not meant to discuss common hurdles overcome by many applicants, such as academic struggles. More notable difficulties on the journey to medicine are likely only going to apply to a smaller proportion of all applicants, therefore programs are not expecting this essay to be completed by all, or even most, applicants. It is also understood that you may choose not to answer because you do not feel comfortable sharing such personal information. Remember that if you do choose to answer, that it is “fair-game” for your interviewer to ask about this topic.

Some thematic examples of the types of experiences previous applicants have included:

- **Family Background:** having immigrant parents or being an immigrant yourself and the obstacles this status may have presented
- **Financial Background:** being from a low-income family; paying your way through school; having to help to support your family; other financial struggles that may have impeded your journey to medicine
- **Community Setting:** facing food scarcity; growing up in an area with high poverty levels; lack of access to medical care
- **Educational Experiences:** limited access to advisors/mentors; lacking opportunities for broader learning experiences
- **Other life circumstances:** loss of a family member; sickness of yourself or a family member; being the main caretaker for a sick loved one; starting your own family.

How is this different from a personal statement?

While your personal statement should focus on the experiences and background that have drawn you to and prepared you for EM, the Impactful Experience essay is designed to offer more perspective on you as a student and as a person. What you choose to include here might

have nothing to do with your decision to pursue EM but can give reviewers more of a full picture of who you are and what it has taken for you to get to this place in your training. Remember that this is meant to compliment your personal statement and not to reiterate something that you have already written about.

Geographic Preferences and Setting Preferences

Why have Geographic Preferences been added to MyERAS?

Geographic preference has previously been identified as one of the most important aspects applicants consider in choosing a residency program.¹ Similarly, in a recent survey, almost half of EM program directors cited considering applicant geographic preference in their holistic application review.² Despite the importance of geographic preference, until now MyERAS did not have a standardized format for indicating this preference, relegating program directors to speculate on preferences based on surrogates such as home address and location of medical school. It was also thought that this situation might unfairly benefit those students who had advisors reaching out on their behalf to express student interest in an area. Geographic Preferences will be added to MyERAS for all specialties starting in the 2023-2024 application cycle, formalizing the ability of students to declare their preference (or lack of preference), along with the ability to explain the *why* behind it, hopefully making the process more equitable and transparent.

What information will be included in the geographic preferences section?

This section will include two parts:

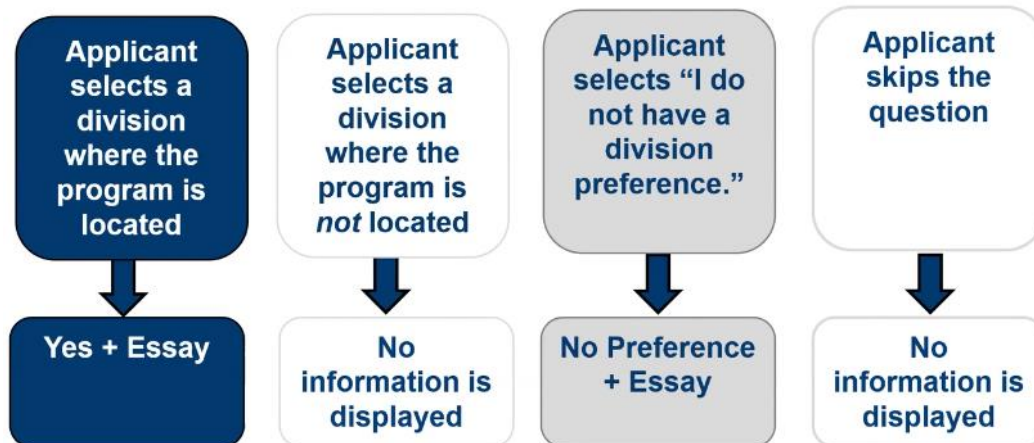
- 1) Geographic division preference: (Optional) Applicants will have the opportunity to communicate their preference for **up to three** geographic regions or indicate no preference for any particular geographic region. They will have up to 300 characters to explain each choice.
- 2) Setting preference: (Optional) Applicants will have the ability to highlight their preference or lack of preference for a particular residency training setting with up to 300 characters to explain why. The options will include: rural, rural/suburban, suburban, suburban/urban, urban, or no preference.

U.S. Census region map used to define states within each division:



How will this information be shared with programs?

Geographic division preference: If an applicant selects a particular region, then only programs located in that region will see the applicant's preference, as well as the essay explaining the applicant's reasoning. If the applicant selects "I do not have a division preference" as their choice, all programs will see this response plus the applicant's explanation. If the applicant skips the question altogether or selects a division preference to which the program does not belong, no information will be displayed.



Setting preferences: If a setting preference (or lack of preference) is indicated, then this will be shared with all programs, along with the applicant’s essay explaining this preference. If skipped, then programs will not see any information in this section.

How will this section likely be used by EM programs?

We can only speculate how EM PDs will use the Geographic Preferences section. It is likely that programs may use this information as a proxy for potential interest in their program, as the applicant has at least expressed interest in their region. Per the AAMC, programs are being advised to use this only during application review and interview selection because applicants may change their geographic preference throughout the interview process.

What should applicants keep in mind to maximize this section for them?

Geographic division preference: Whether you choose to select geographic regions or select “I do not have a division preference” it is probably best to complete this section. If this section is skipped, programs may assume the applicant wasn’t interested in their region, as not participating in this section will appear the same to programs as an applicant who is participating but chose a different region. Additionally, selecting either a preference for a particular region or “no preference” both resulted in higher probabilities of interview invitation than when a geographic preference did not align with a program region.³

While we still don’t know how programs will use this information, here are some things to consider:

Selection	Pros	Cons
3 geographic regions	Programs in the selected regions may interpret this as a commitment to their region. This will be particularly helpful for programs in traditionally less “popular” areas. Provides the opportunity to demonstrate willingness to move to a region that an applicant hasn't lived in previously. Provides the opportunity to align selected regions with program signals to demonstrate commitment to the region.	Programs in non-selected regions may feel as though the applicant is not serious about their program. This may be particularly challenging for those who apply widely, such as those entering the couples match.

No preference	<p>Programs may interpret this “no preference” as genuine flexibility from the applicant.</p> <p>No programs will be “left out” which allows the applicant to demonstrate interest in program features over geographic preference.</p> <p>This allows applicants who want to apply widely (e.g., couple’s match) some flexibility.</p>	<p>Potentially missing out on an opportunity to demonstrate willingness to move to a new region or commitment to any particular region.</p> <p>Those programs in traditionally less popular regions of the country may not take the candidate as seriously if they don’t have other connections to the area.</p>
---------------	--	--

Setting preferences: First and foremost, applicants should be honest with themselves about the setting in which setting they desire to train. Similar to the selection of geographic divisions, this is one more opportunity for students to inform programs that they are genuinely interested in a particular location. Applicants will again have the opportunity to explain their selection or lack of preference in a short essay.

For many applicants, selecting “no preference” will be a reasonable selection because many may truly not feel strongly or will have interest in programs in a variety of settings. It is also important to note that many programs have clinical sites that represent several of these settings. During the last application cycle and across all participating specialties, most applicants selected no setting preference. While a small percentage noted a preference for an urban setting (5-32%), a much smaller cohort of applicants (<1-4%) selected a preference for a rural setting. For the fewer applicants who prefer a more rural location for training, this may be an advantageous selection when applying to rural programs or programs with an associated rural training experience.

Should the applicant choose geographic preferences that differ from the location of their program signals in an effort to maximize interview chances?

It is advised that the applicant does not try to game the system in this manner. Data from specialties which participated in both Geographic Preferences and Program Signals in the 2023 Supplemental Application showed interview yield was highest when the geographic location of a signaled program aligned with the geographic preferences of the applicant. The probability of an interview offer decreased, but at a variable rate across specialties, when there was no geographic preference compared to the presence of a signal and when the applicant’s geographic preference and signaled program’s location did not align geographically. Although it seems somewhat intuitive, interview offers were the lowest when there was no associated signal and no geographic preference. Signals are powerful and data show the presence of a signal still increases chances of receiving an interview, even if the geographic preference does not align with the signaled program’s location (see Figure 1). Just remember that the applicant's

yield will be highest when the two are used in combination rather than either alone, and to be honest and truthful with your choices.

Because EM did not participate in the Geographic Preferences Section last year, we do not have data for our specialty. However, we can learn from other specialties who did participate in both Geographic Preferences and Program Signaling. Figure 1 shows the 2022-2023 data from Anesthesiology, who had the same number of program signals (5) as emergency medicine in the ERAS Supplemental Application last year:

Anesthesiology

Model 1: Median Predicted Interview Invitation Probability by Program Signal & Geographic Preference
(Program n=110; Unique applicants n = 3,360)

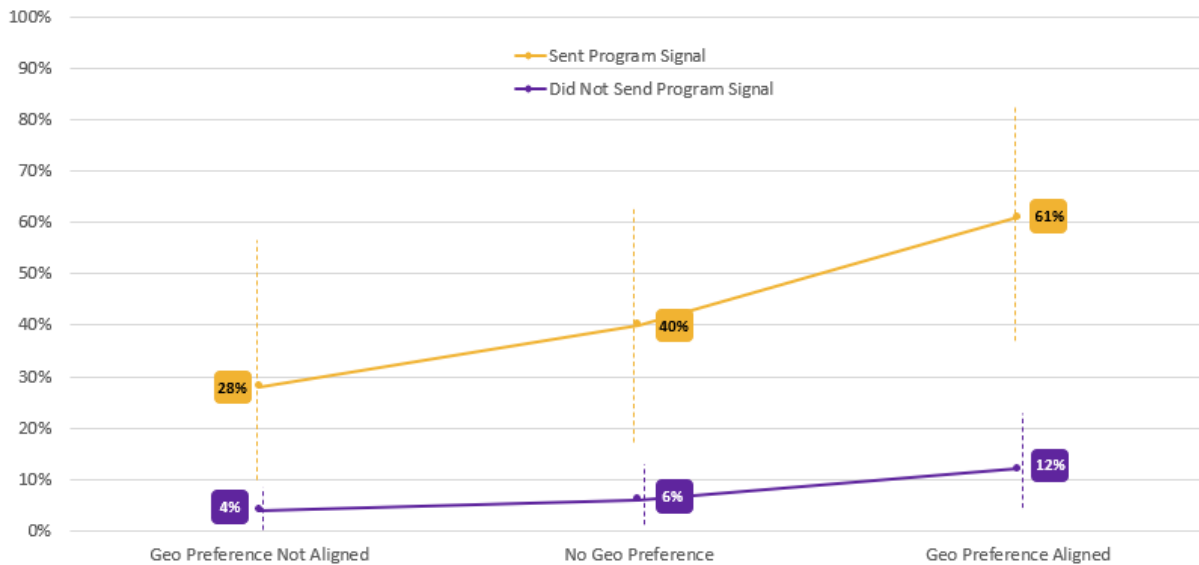


Figure 1: ERAS data showing the relative effects of Geographic Preferences when combined or not combined with Program Signals for interview invitation in Anesthesiology for 2022-2023.

Program Signaling

Program Signaling is still relatively new in medicine, having been first proposed then modeled only a few years ago; otolaryngology was the first specialty to pilot it live with applicants. In the 2021-2022 application cycle, the AAMC introduced the Supplemental Application as an adjunct to the traditional ERAS application, bringing Program Signaling to three additional specialties. For the 2022-2023 application cycle, EM chose to participate in the Supplemental Application, but only for the Program Signaling component. In the initial pilot, the majority of programs used the signals as a driver of more holistic application review. EM has elected to continue to participate in Program Signaling for the 2023-2024 application cycle--with a couple changes. In the initial pilot, applicants to emergency medicine were advised NOT to signal their home program or a program where they did a visiting rotation. In order to align with the AAMC's guidance, reduce confusion across all of the participating specialties, and minimize inequality towards applicants without access to a home program or rotation opportunities, the advising for

this coming cycle will be for **applicants to signal any program in which they are genuinely interested in training, regardless of whether they have performed a rotation there or not.** As a corollary to this, each EM applicant will be receiving 7 signals (increased from 5 last year).

What will program signals look like and what information will it contain?

If an applicant signals a program, the program that is signaled will be able to see that a signal has been sent, as denoted by an icon stating “Signaled Program.” If the applicant does not send a signal to a program or if the applicant chooses not to participate in signaling, no information will be displayed (the program will see a blank space).

How will this section likely be used by EM programs?

Residency programs will be able to view your signal at the time of initial file review, once ERAS opens to programs. Programs have utilized the signal in a variety of ways: part of a holistic approach to application review, a tie-breaker between similarly-matched signaling versus non-signaling candidates, a screening tool, and/or as a topic for discussion during interviews (an applicant may be able to expand on their reasoning behind the signal, if asked; however, they CANNOT be asked where else they may/may not have signaled or if they participated in signaling).^{4,5} When opting in to Program Signaling, programs attest to a code of conduct that states they will not use the signal as a requirement for interview or as part of the rank list discussion and preparation.

What should students keep in mind to maximize this section for them?

In order to maximize the benefit from Program Signaling, students should use these signals to display *genuine interest* in their desired programs, particularly for programs where it is not obvious based on other elements of their application (e.g., previous geographic ties) why the student might desire to complete their training there. It is strongly recommended that applicants participate in Program Signaling and take full advantage of using all seven signals. Sending a signal will yield a higher probability of getting an interview; however, sending a signal does not guarantee an interview offer.

Does the volume of signals received by a program influence how the signals are reviewed?

There is not a uniform distribution of signals across EM programs. You might imagine that a program that only receives a handful of signals might incorporate this information differently into their review process than a program that receives hundreds of signals. As the number of signals received by a program increases, the relative signal value at those programs will decrease. If an applicant doesn't have the strongest application, and they utilize all their signals at highly competitive or “reach” programs which are likely to receive a large number of signals, then the emphasis behind that applicant's signals may be lost and therefore not best utilized for the highest gain. Depending on an applicant's competitiveness, there may be utility in sending a signal to one or more “safety” or less competitive programs (again, assuming they actually want to be at that program), but there is no data to support this particular recommendation.

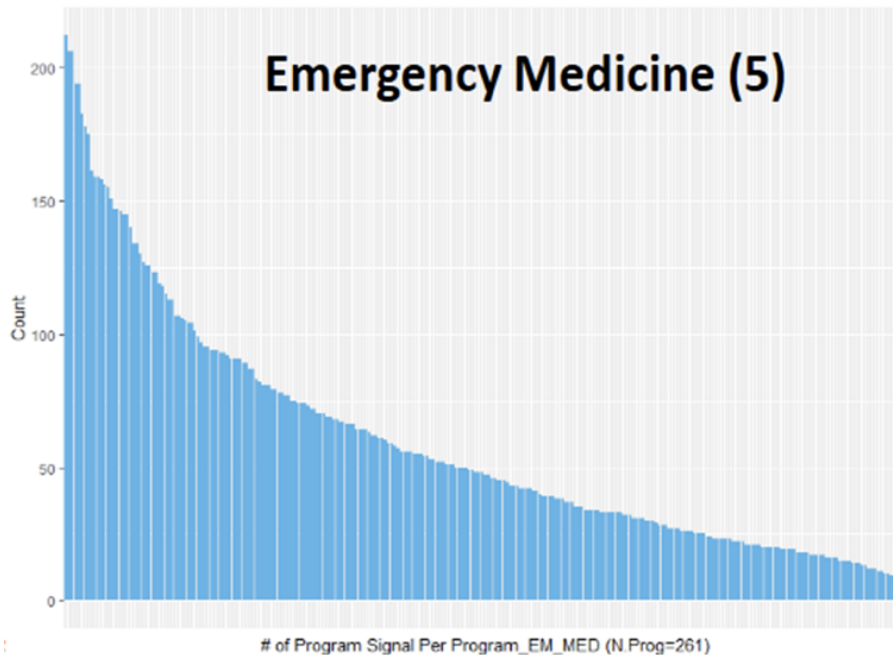


Figure 2. ERAS data showing the distribution of signals across EM programs for the 2022-2023 application season.

The most important factor remains that the applicant should signal programs where they are truly interested in training and think they would be a good fit, but recognizing that having some diversity in perceived competitiveness in the pool of programs an applicant chooses to signal can be important, particularly for less competitive applicants. We hope to be able to offer more concrete guidance on this as we gather more data from subsequent application seasons.

Do I receive more signals if I am a “special circumstance” applicant? (i.e., osteopathic, international medical graduate, couples matching, military matching, re-applying, etc.)

No, every applicant applying to EM will receive 7 signals to use towards their EM application. Students who are dual applying to EM plus another specialty which uses program signaling will receive separate tokens from that other specialty to be applied to programs in that other specialty. One specialty does not see the signals sent to the other specialty, even if they are at the same institution.

Can I send more than 1 signal to a program?

No, each applicant can only send one signal to each program. You can send up to 7 signals to 7 different programs. Each signal carries the same weight.

Do I need to use all 7 signals?

No. Applicants are not required to use all seven of their signals; you may use anywhere between 0-7, but it is to your advantage to maximize interview opportunities by utilizing all your signals. This past year, the vast majority of applicants in EM and other participating specialties averaged near the total number of signals available.

Do I have to participate in PS? What happens if I don't?

PS is **optional** for both programs and applicants – you are not required to participate. However, applicants who opt out may be at a theoretical disadvantage as interviews may be allocated to similarly competitive candidates who signal over candidates who have not signaled.^{2,4} Currently there is no mechanism for programs to tell which applicants are not participating versus those who are participating but did not send a signal – this is purposeful to prevent programs from holding bias against those who are participating but do not send a signal. But how a program interprets a "lack of signal" is subject to speculation and may vary from program to program.

If I send a signal, does this mean I will automatically get an interview?

No, a signal only expresses that you are interested in that specific program and it remains up to the residency program to decide if they would like to offer you an interview. Based on data from other specialties in the previous match cycle, the likelihood of receiving an interview was higher at a signaled program than at a non-signaled program, and programs' attention was drawn to candidates that they would have previously overlooked.^{4,5} This trend was substantiated for emergency medicine last year in the pilot (see Figure 3).

Emergency Medicine: Median Predicted Interview Invitation Probability by Program Signal

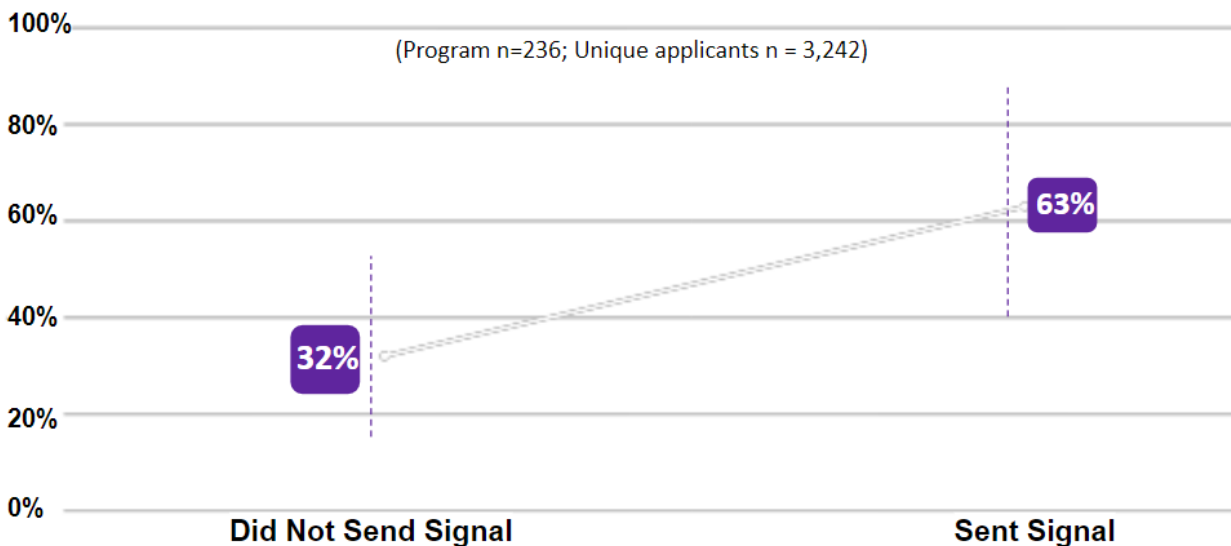


Figure notes:
Dotted lines represent the 10th percentile and 90th percentile
Logistic Regression model used to conduct analysis using program inclusion rule of 7:1

Figure 3: ERAS data demonstrating the median rate of interview invitations at signaled versus non-signaled programs

How do I know if a residency program is participating in PS?

In the 2022-2023 pilot, over 94% of EM programs participated in Program Signaling and it is likely to be nearly universal again this year. Importantly, each individual program will need to opt

in to Program Signaling again this year, even if they participated last year, with the deadline being June 30. A list of [participating programs](#) can be found on the [AAMC website](#). You will only be able to assign signals to programs that are participating.

DECIDING ON PROGRAMS TO SIGNAL

How do I decide where to assign my signals?

PS is new to the residency application process, therefore there is a paucity of data available on how to best assign signals. **Most advice provided in this document is based on consensus and not yet on evidence.**

Because signals will be assigned in concert with ERAS submission, it is strongly recommended that applicants spend some time researching programs and reflecting on what their priorities are in a prospective training program as they are putting together their initial application. There will be more opportunity to learn and reflect in depth on programs during the interview and ranking phase of the process; having an understanding of some basic program information and the characteristics of applicants that have been accepted in the past is useful as applicants select the programs they plan to signal. There will not be a post-interview round of signals.

When deciding which specific programs to assign your signals, Dr. Bryan Carmody, The Sheriff of Sodium, provided some reasonable advice in [his blog post about PS](#):⁶ **Signals should be utilized at programs where an applicant has a non-zero, but less than certain, probability of receiving an interview, provided the applicant has a real interest in that program.** In other words, it does not make sense to waste a signal at a program that would not consider you otherwise. And as a slight adjustment to last year's advising, the updated guidance is that **applicants should signal any program that they are genuinely interested in, regardless of whether they have performed a rotation there or not.**

Let's consider some examples. If you are an IMG and a program denotes US grads only, does not sponsor visas, or has no track record of matching IMGs, using a signal with that program is likely to be low yield. Does this mean that you should never signal your dream program if you are in one of these situations? No. You can utilize your signals however you choose. But if you consider statistics and probabilities, realize the yield of your signal will be lower in these situations compared to utilizing your signals at programs with applicant/resident characteristics that may match more closely with your own. For guidance on programs that may utilize filters such as these, please visit [EMRA match](#).

We strongly suggest that applicants work with their medical school and EM advisors and reflect honestly on the strength of their application. This in turn will help inform an applicant on the best allocation of their signals. We also suggest that applicants do their research and look closely at program information available to them via [EMRA Match](#), [Texas Star](#), the [AAMC Residency Explorer tool](#), and program websites, etc., to compare their application information with information of current/past residents.

What if I don't have an EM specific advisor? Who can I talk to about all of this?

Because this process is still relatively new for EM, few emergency physicians outside of academics are aware of these changes to the residency application process in the necessary detail. Residency programs, on the other hand, are acutely aware of this change as it affects them, too. Therefore, if your medical school is not affiliated with an EM residency program ("NORPHIN" - No Residency Program at Home Institution) but you do have contact with an advisor at an EM residency program outside of your institution, please reach out to them! If you are a student at a US medical school and do not have access to any advisors at an EM residency program, you can email distanceadvising@cordjobboard.com to be connected with an advisor from an EM residency program.

Still not sure where to start?

Try making your "top 10" list of residency programs. Look at [EMRA Match](#), [Texas Star](#), the [AAMC Residency Explorer Tool](#) and program websites to determine if any of these programs are unrealistic match prospects based on utilized filters/demographics of current residents. If a program falls into this category, consider removing it from your list (or just choosing one to signal if there are multiple in this category). If you still have more than 7 programs left, consider the competitiveness of each of the programs on your list, remembering that your signal will likely hold the greatest value at the programs that are *less* competitive. This does not mean do not signal the more competitive programs - but perhaps do not choose a list of entirely competitive programs if you really want to maximize the value of your tokens.

Clear as mud? At the end of the day, just remember **the one recommendation that remains constant - send signals to programs in which you are *genuinely* interested.**

References

1. National Resident Matching Program, Data Release and Research Committee. Results of the 2019 NRMP Applicant Survey by Preferred Specialty and Applicant Type. Washington, DC: National Resident Matching Program, 2019.
2. National Resident Matching Program, Data Release and Research Committee. Results of the 2022 NRMP Program Director Survey. Washington, DC: National Resident Matching Program, 2022.
3. Pre-publication ERAS data.
4. Pletcher SD, Chang CWD, Thorne MC, Malekzadeh S. The Otolaryngology Residency Program Preference Signaling Experience. *Acad Med.* 2022;97(5):664-668. doi:10.1097/ACM.0000000000004441
5. Association of American Medical Colleges. AAMC Supplemental ERAS® Application: Final Results of the Program Director Reaction Survey for the 2022 Application Cycle. 2022. Available at: <https://www.aamc.org/media/58896/download>. Accessed April 29, 2022.
6. Carmody, B. Mailbag: ERAS Secondary Applications and Preference Signaling. June 28, 2021. Available at: <https://thesheriffofsodium.com/2021/06/28/mailbag-eras-secondary-applications-and-preference-signaling/>. Accessed April 29, 2022.

Primary Authors: Liza Smith, Alexis Pelletier-Bui, Elizabeth Barrall Werley, Caitlin Schrepel, Melanie Camejo

Reviewed By: Molly Estes, Xiao Chi Zhang, Laryssa Patti, Eric Blazar, Kaitlin Lipner, Leah Colucci