

Emergency Medicine Preference/Program Signaling (via the ERAS Supplemental Application)

Applicant/Advisor Supplemental Guide



This guide is meant to serve as a *complement* to the [ERAS Supplemental Application \(SuppApp\) Instructions](#), providing additional guidance for the emergency medicine (EM) applicant - it is not meant as the sole guide or “how to” on preference/program signaling (PS) in EM. Please read the ERAS SuppApp instructions **FIRST** as most questions on the actual mechanics of PS in EM will be answered in that guide. Given the limited time PS has been in use in the residency application process, there is paucity of data to help inform evidence-based practices - therefore, most advice provided in this document is based on consensus and not in evidence.

OVERVIEW

What is the ERAS Supplemental Application?

The Association of American Medical Colleges (AAMC) Electronic Residency Application Service (ERAS) Supplemental Application (SuppApp) began as a pilot in the 2021-2022 residency application cycle with internal medicine, general surgery, and dermatology. It has expanded to 16 specialties for the 2022-2023 application cycle. Its purpose is to allow applicants to provide additional information about themselves that will facilitate a more holistic file review by residency programs. It is made up of three parts: Past Experiences, Geographic Preferences, and Program Signaling. The

SuppApp is currently separate from the MyERAS application that applicants normally fill out but the plan is for eventual integration into the MyERAS application. Please visit the [AAMC website](#) for more information.

Is EM participating in the ERAS SuppApp?

Yes, but EM will **ONLY** be participating in the **Program Signaling** part of the supplemental application. EM applicants will **NOT** need to fill out the Past Experiences or Geographical Preferences sections and these sections will **NOT** be visible to EM programs, even if you filled these sections out for application to another specialty in addition to EM.

What is Preference/Program Signaling (PS)?

PS allows an applicant to send a limited number of “signals” to residency programs that they are genuinely interested in at the time of the initial residency application. These signals help programs identify genuinely interested applicants early in the application review process, providing an opportunity for a more holistic review of applicants most interested in their program.

To read more about the history of preference signaling, how it was originally used in labor economics and how it is now used in medicine, please read “[Making our Preference Known: Preference Signaling in the Emergency Medicine Residency Application.](#)”

Note: *Preference Signaling* and *Program Signaling* mean the same thing and are interchangeable terms (PS). For the sake of clarity, we will use the term *signal* for the actual communication sent to programs. **The ERAS Supplemental Application is using the term Program Signaling for the upcoming application cycle.**

What is the goal of PS?

It is no secret that residency programs struggle to holistically review the large number of applications they receive per season for a limited number of positions.¹ Additionally, applicants are amounting increasing debt as they apply to an increasing number of programs per year (average of 50-60 as of 2021),¹ all while struggling to gain visibility at individual institutions. PS is an attempt to restore order to an increasingly complex process in a low effort, low cost, and equitable manner for all stakeholders.

From the applicant perspective, PS helps applicants garner the attention of the programs which most interest them. The limited number of signals each applicant can assign gives the signal real value that may influence program interview decisions - unlike the dime a dozen “I’m really interested in your program...” emails that a program

receives. We know from the ENT experience that signals increased interview yield by 58% across the *entire* spectrum of applicant competitiveness and the interview yield *increased* as applicant competitiveness *decreased*.² In recent years, particularly with the virtual nature of interviews, there has been a sentiment of highly competitive applicants “hoarding” interviews, particularly early in the interview season.³ By allowing programs to identify applicants with genuine interest, they can offer interviews to a more individualized applicant pool, “leveling the playing field” a bit and allowing interviews to be more appropriately distributed amongst a more diverse group of applicants - a win for both applicants and programs.

From the program perspective, PS helps programs focus their holistic review on applicants who are *genuinely interested* in their program at the time of application submission (rather than their program just being an extra “click” in ERAS to pad their application numbers). Experience from other specialties has shown that PS has also drawn programs’ attention to candidates that they would have previously overlooked.⁴

SIGNAL USE

How many signals does each EM applicant receive?

EM applicants will receive **five** (5) signals during the 2022-2023 match cycle.

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 five signals.

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 5 signals to 5 different programs. Each signal carries the same weight.

Do I need to use all 5 signals?

No. Applicants are not required to use all five of their signals; you may use anywhere between 0-5, but it is to your advantage to maximize interview opportunities by utilizing all signals.

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 is up to the residency program to decide if they would like to offer you an interview. Based on data from 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.^{2,4}

Can I “undo” or “take back” a signal once I send it to a program?

Selections can be edited at any point while the ERAS SuppApp is open (8/1-9/16/2022), up until you hit “submit.” Once you have submitted your selections, all selections are final and cannot be changed.

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

You will be able to find a list of programs participating in PS on the [AAMC website](#). Programs may also be advertising this on their website or social media.

Is there a chance I may send a signal to a program that is not participating in PS?

No. You will *only* be able to assign signals to programs that are participating in PS. Programs do not have the option to drop out of PS after the sign up deadline of July 1st therefore there is no chance that a program will be included in the PS participation list but later be removed.

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 in evidence.** The data we do have is from other specialties and best practices may differ by specialty. We do have some information on how advisors advised applicants to use their signals, and how applicants decided to utilize their signals via the ERAS SuppApp in the 2021-2022 residency application cycle, reflected in the table below:^{5,6}

How Advisors Advised and Applicants Utilized Signals in the 2021-2022 ERAS Supp App

	Applicant (35% response rate)	Advisor (MD: 62% / DO: 37%)
PS REFLECT TRUE INTERESTS	72%	64%
STRATEGIES FOR PS SELECTION		
Only “ safety ” programs	11%	5%
Only “ reach ” programs	10%	2%
Mix of “safety” & “reach” programs	34%	73%
TOP FACTORS WHEN CHOOSING PS		
Program strengths align w Career interests	67%	90%
Location	66%	68%
Strength of program’s Clinical training	54%	50%

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, but having an understanding of some basic program information and the characteristics of applicants that have been accepted in the past can go a long way to helping 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](#)⁷:

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, nor is it advisable to use a signal on a program where you are confident you would receive an interview.

Let’s consider some examples. It is likely to be low yield to use a signal if your board scores are below a program’s cut off for consideration or if you only have a COMLEX score and a program does not consider COMLEX scores in lieu of USMLE. 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](#).

Conversely, it is not wise to use a signal on a program where you are already likely to be offered an interview - which is why we have decided in EM that applicants **should not signal their home programs or programs at which they have completed an away rotation**.

Should I consider a program's competitiveness when choosing where to assign my signals?

Current ENT and ERAS SuppApp data suggest that about a quarter of programs in each specialty received about half of all signals.² As the number of signals received by these competitive programs increases, the signal value at those programs decreases. 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" programs (again, assuming they actually want to be at that program), but there is no data to support this particular recommendation.

We strongly suggest that applicants work with their medical school and EM advisors and reflect honestly on the strength of their application, which in turn will help inform an applicant on the best allocation of their signals. We also suggest that applicants do their homework 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.

Should I be signaling my home program or a program where I completed an away rotation in emergency medicine?

No. This recommendation is specific to EM applicants and may be revised for future years but **for the 2022-2023 residency application cycle in EM - Do not signal your home program or a program where you completed an away rotation.** These programs have traditionally been high-yield in terms of interview offers in the past.

Should I be signaling a program where I completed an away rotation in a subspecialty in emergency medicine (ex: ultrasound, toxicology, pediatric EM, etc)?

You may want to consider signaling programs where you completed an away rotation in an EM subspecialty. For some programs, completion of this rotation may be enough of a signal of interest but for others, it may not, particularly if you did not have as much face time with residency program leadership during your subspecialty rotation. We recommend discussing with your advisor whether or not you should consider signaling a program where you completed an away rotation in an EM subspecialty.

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

Because this process is new for EM this year, few emergency physicians outside of academics are aware of this major change to the residency application process. Residency programs, on the other hand, are acutely aware of this change as it affects them, too. Therefore, if your 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 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. If your home program or program(s) where you performed a rotation are on this list, remove them. 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 5 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.**

OTHER INFORMATION

What will residency programs do with my signal?

Residency programs will be able to view your signal at the time of initial file review at the end of September. Programs from specialties that have already participated in PS 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 PS).^{2,4} When opting in to PS, 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.

How was it decided that EM would get five signals?

A calculation was performed based on the average number of applications submitted per applicant in EM and the number of programs in EM. This calculation suggested 4-5 signals would be optimal for our specialty to ensure applicants have enough signals but each signal retains its value.

Most other medical specialties that piloted PS started with five signals per applicant and made adjustments after data analysis and review of feedback from programs and applicants. Emergency medicine intends to do the same.

How was it decided that EM would participate in PS?

It was a year-long decision process based on data from other specialties' experiences over the past 2 years, recommendations from multiple committees and organizations representing all affected stakeholders in emergency medicine (The PS Working Group),* and feedback and perspectives from program directors and EM residency applicants.

*The PS Working Group (PSWG) includes members from:

- CORD Application Process Improvement Committee (APIC)
- CORD Advising Students Committee in EM (ASC-EM)
- CORD Board of Directors
- Society for Academic Emergency Medicine (SAEM) Clerkship Directors in EM (CDEM)
- SAEM Residents and Medical Students (RAMS)
- Emergency Medicine Residents' Association (EMRA)
- American Academy of Emergency Medicine Resident and Student Association (AAEM/RSA)

How was it decided that EM would NOT participate in the other two components of the ERAS SuppApp (Past Experiences and Geographic Preferences)?

Ultimately, after reviewing the available data from the 2021-2022 ERAS SuppApp experience and EM program director and applicant survey results, the PSWG felt that the Past Experiences and Geographic Preferences sections of the ERAS Supplemental Application would be low yield for both applicants and programs in proportion to the amount of time and energy spent by applicants and programs to complete and review these sections. Of the three sections of the SuppApp, Program Signaling was the only one rated by program directors as a “must have” in future iterations of the SuppApp.⁴

Is PS in EM going to be studied or researched?

Yes, it most certainly is. This 2022-2023 match cycle will be the pilot year for PS in EM. There is a robust research plan being developed by both ERAS and the EM PSWG. There will be opportunities to provide your perspectives and experiences via surveys - so when one lands in your inbox, please fill it out! All stakeholders' experiences will be important in deciding if this pilot continues, and if so, what changes will need to be implemented to make the process work best for everyone.

Where can I find the most up to date information regarding PS?

Please visit the [EM PS webpage on the CORD website](#) and/or the [ERAS SuppApp webpage](#) for the most up to date information, and additional resources, regarding PS.

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