

# MyERAS® Application Updates and Program Signaling: Guide for Programs

Summer 2023





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MyERAS® Application Updates and Program Signaling: Guide for Programs



#### Overview

#### Introduction

For two Electronic Residency Application Service® (ERAS) residency application cycles, the AAMC researched and refined new MyERAS® content by using a supplemental ERAS application. Beginning with the 2024 ERAS season (from early June 2023 through May 2024), all residency and fellowship programs in all specialties will see an updated Experiences section and a new section, Geographic Preferences. Participating residency programs in <u>select specialties</u> will also be able to receive program ("preference") signals, which are virtual "tokens" that applicants can use to indicate genuine interest in particular programs at the time of application. For the 2024 ERAS season, program signals will *not* be available to fellowship applicants or programs.

This guide will help residency and fellowship programs understand and use the recently updated MyERAS® content — in tandem with the *Program Director's WorkStation (PDWS) User Guide* and Supplemental ERAS Application Data and Reports.

Applicants have been provided with the following resources in preparation for the 2024 ERAS season:

- The MyERAS® Application and Program Signaling for 2023-24 Webpage, which includes:
  - MyERAS Application Updates and Program Signaling guide
  - 2024 MyERAS Applicant Worksheet
  - MyERAS Application Geographic Information Updates focuses on how applicants can share their geographic preferences in the 2024 ERAS application (3 minute video).
  - MyERAS Experiences Update highlights the targeted experiences section, including meaningful and impactful experience fields (3 minute video).
  - The MyERAS® Application Content Update video looks at how the MyERAS application is changing for the 2024 season (23 minute video).

## Prohibited actions under the ERAS Terms and Conditions for geographic preference and program signals

Program signals are only available to residency programs. Geographic and setting preferences are available to both residency and fellowship programs.

To ensure that you and your selection team are using geographic preferences and program signals appropriately, we encourage you to adhere to the **ERAS Terms and Conditions**, available within the <u>Program Director's WorkStation (PDWS)</u> (login required).





Geographic preference information and program signals are intended to provide programs with additional information on applicant preferences for selecting applicants to interview and are only appropriate for use in the *interview process*. The following actions are prohibited:

Prohibited Actions With Geographic Preference Information	Prohibited Actions With Program Signals
<ul> <li>Asking applicants their geographic preference when they did not provide a response.</li> <li>Asking applicants if they have indicated a preference for another geographic division.</li> <li>Asking an applicant their division preferences when they are not indicated.</li> <li>Using geographic preference information when creating or finalizing the program's rank order list or the preference list created during SOAP.</li> </ul>	<ul> <li>Disclosing the identity of an applicant who has sent your program a signal.</li> <li>Asking an applicant to which programs they sent signals.</li> <li>Asking applicants why they chose not to signal your program during the residency and fellowship selection process.</li> <li>Using program signal information when creating or finalizing the program's rank order list or the preference list created during SOAP.</li> </ul>

A program found to have violated the Geographic Preference Confidentiality Rules and/or found to have misused program signals will be considered to have violated the ERAS Terms and Conditions, and in addition to other consequences may jeopardize their ability to participate in future cycles.

In addition to following the ERAS Terms and Conditions, you are encouraged to:

- Provide training to reviewers. Proper training helps ensure a fair and equitable review of all applicants and reduce the potential impact of bias. Please see training resources on the ERAS PDWS community site (login required).
- **Do not overweigh these data or use them to screen out applicants.** Rather, use these data in the context of other application information and consider them a "plus factor."
- Clearly state your program's mission, values, and goals in a prominent, easily accessible
  part of your website. This will enable applicants to highlight relevant experiences,
  characteristics, and goals in their application. Be transparent with your applicants about
  how the program will use geographic preferences and program signals. Programs are also
  encouraged to share why they are using this information and what they hope to learn from it.

#### Selected and Most Meaningful Experiences

The Selected Experiences section of the MyERAS application helps applicants communicate to programs who they are, what they are passionate about, and what is most important to them. Applicants are advised to use the section to provide insight into the qualities, skills, and interests they will bring to a graduate medical education program. They are encouraged to be authentic and honest to help ensure that you can effectively evaluate whether your applicants will thrive in your program.

The responses provided in the Experiences section will be shared uniformly with all residency and fellowship programs across the programs and specialties an applicant applies to. You will be able to filter through the data as you look for applicants who share your program's mission and whose attributes and

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areas of interest complement one another. This will facilitate the formation of diverse and balanced groups of residents and fellows.

Revised Experiences Section: The MyERAS Experiences section has undergone significant changes. The total number of experiences an applicant can select is now limited to 10 (including up to three most meaningful experiences. The decision to limit the number to 10 was based on data from past ERAS application cycles and from focus groups of medical school advisors and residency program directors. These focus groups highlighted the pressure applicants face to prioritize quantity over the substantive aspects of their experiences and the resulting challenges both for applicants in filling out the application and program staff in reviewing application content.

Hobbies and interests have been integrated into the Selected Experiences section, and postgraduate training is now listed in the Education section. This new structure facilitates faster review of similar types of experiences by program staff and enables applicants to highlight the importance of specific experiences. For instance, applicants can emphasize how a particular hobby or interest has contributed to their skill development or showcases their important qualities.

The updated Experiences section has two parts:

- 1. **Selected Experiences.** Applicants can identify and describe **up to 10 experiences** that communicate who they are, what they are passionate about, and what is most important to them. For each experience, applicants are asked to:
  - a. Provide descriptive information, including position title, organization name, approximate start and end dates, frequency of participation, location, and setting.
  - b. Select an experience type, primary focus area, and key characteristic, as applicable.
  - Briefly describe their major activities and responsibilities and any important context in 1020 characters or fewer.
- Most Meaningful Experiences. From the applicant's 10 selected experiences, they will identify up to three most meaningful experiences. For each of these three experiences, the applicant will be asked to write a short 300-character description, reflecting on the experience and explaining why it was meaningful and how it influenced them.

#### **Considerations for experiences information**

✓ Consider the collection of characteristics across all experiences for a more complete picture of an applicant. An applicant's experiences should communicate what is most important to them or what has influenced them in addition to specific qualities they will bring to your residency or fellowship program. An applicant may identify specific, mission-aligned characteristics of each selected and most meaningful experience by experience type, focus area, and/or key characteristic (see complete lists for each below).





#### **Experience Type**

- Work
- Research
- Volunteer/Service/Advocacy
- Education/Training
- Military Service
- Other Extracurricular Activity, Club, or Hobby
- Professional Organization
- Teaching/Mentoring

#### **Primary Focus Area**

- 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

#### **Key Characteristics**

- 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

✓ Consider how the different experience characteristics relate to your program's mission and values. One goal of these characteristics is to help you identify and review applicants more quickly based on their alignment with your program's mission.

**Example of using experiences in admissions:** If your mission focuses on training physicians to provide compassionate care to diverse patient populations and to adapt to a variety of work settings, as well as on physicians who desire to continuously self-reflect and grow professionally, it may be useful to initially review applicants with the following experience descriptions:

- Experience types: volunteer/service/advocacy, education/training, and teaching/mentoring.
- Primary focus areas: community involvement/outreach, customer service, improving access to health care, promoting wellness, public health, and social justice/advocacy.
- Key characteristics: cultural humility and awareness, empathy and compassion, resilience and adaptability, and self-reflection and improvement.

#### Impactful Experiences

The impactful experiences question gives applicants the opportunity to provide information about their background and life experiences that is not captured elsewhere in the application.

Applicants are encouraged to consider whether this question applies to them. It is intended for applicants who have overcome major challenges or obstacles. Some applicants may not have experiences that are relevant to this question, and other applicants may not feel comfortable sharing personal information in their application. In 2023, 56% of residency applicants provided a response for this question. **Programs should not expect all applicants to respond to this question.** 



**Experiences should complement the other parts of the application.** There may be some overlap in the experiences mentioned across the application, such as within the MSPE Noteworthy Characteristics and the personal statement. Applicants are instructed to provide additional insight or emphasize how these experiences have shaped who they are and what is important to them rather than repeat information.

The Experiences section adds context to an applicant's journey to residency or fellowship. It is intended for applicants who have had impactful life experiences, including overcoming challenges related to family background, financial background, the setting of the community where they grew up, education, or general life experiences, that affected their journey to residency and who want to share those experiences.

#### Geographic Information

#### What are the Geographic Preferences and Setting Preferences sections?

The Geographic Preferences section gives applicants the opportunity to communicate their preference or lack of preference for geographic divisions and urban, suburban, or rural settings.

- **Geographic division preference**. Applicants will be asked to select **up to three U.S. Census divisions** (as in the map below) they prefer to live in or to indicate they do not have a preference, meaning they are willing to train anywhere in the country. They will also have an opportunity to explain each selection with a 300-character description.
- **Setting preference**. Applicants will be asked to indicate a degree of preference for an urban, suburban, or rural setting or indicate they do not have a preference. They will also have an opportunity to explain their preference or lack of preference with a 300-character description.



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#### What will be shared with programs?

The responses to the Geographic Preferences section will be shared with all residency and fellowship programs in all specialties an applicant applies to. You will be able to export and filter these data.

If your program uses the geographic division preference question, the following information will be shared.

Applicant indicated	Your program sees
A preference for your program's division.	The applicant's division preference and, if provided by the applicant, a short explanation of why they prefer your division.
No division preference.	"No preference" and a short explanation, if provided.
A preference for another division.	No information displayed.
Skipped the section.	No information displayed.

For setting preference, if an applicant indicates a preference or lack of preference for the setting, their response and the corresponding written explanation of their preference will be shared with all programs they apply to.

The applicants' setting-preference options are listed and defined below; applicants can choose only one setting preference:

- Urban
- Suburban or urban
- Suburban
- Rural or suburban
- Rural
- No preference

*Urban*: Central part of a city with high population.

Suburban: Smaller urban area around a city and less populated.

Rural: Large amounts of undeveloped land with few homes or buildings and low population density.

#### Guidelines for appropriate use of geographic preference information

- ✓ Use geographic preference information *only* when deciding whom to invite to interview. Applicants' geographic preference, or lack thereof, may change after they submit their MyERAS application for many reasons, including changes in life circumstances, experiences on interview day, and learning more about the program or area of the country.
- ✓ Consider geographic preferences a "plus factor," not a screening tool. Applicants should be evaluated in the context of their whole application. A preference for a geographic division is one of many pieces in the application, so it should not be given undue weight. Programs that put too much weight on any component of the application may miss the opportunity to identify applicants who could be successful in their program.





- ✓ Do not overinterpret missing responses or use missing responses to filter or screen out applicants. Applicants with missing information may have skipped that section or indicated a preference for another U.S. Census division. Do not assume these applicants are not interested in your program.
- ✓ Assume applicants' geographic preferences (or lack of preference) are their true preferences. Applicants consider many factors and program characteristics when deciding where to apply for a residency or fellowship. Some applicants may value other factors over geography, such as research opportunities, a particular specialty, or programs with access to other specific opportunities. In ERAS 2023, applicants' responses to the geographic preference question varied by specialty. Most eligible applicants reported at least one division preference in all specialties (52%-82%). Nearly 80% of applicants surveyed reported that their responses to the Geographic Preferences section reflected their true preferences at the time of their application.

#### Changes to the Hometown(s) section of the MyERAS application

The updated hometown field provides a structured format to make it easier for you to identify the context and geographic locations where an applicant has spent a significant amount of time and/or has or had connections.

Applicants can now enter up to five hometowns. A hometown is defined as an area where the applicant currently lives or has previously lived and feels strong ties or a sense of belonging to. The maximum number of five hometowns is aimed at applicants in families in the military or involved with international work; we expect that most applicants have not had five hometowns.

Applicants will also be able to indicate the setting of their hometown. This might be particularly useful for programs that want to identify applicants who align with a mission focused on caring for patients in a particular setting, like understanding and treating the unique conditions of patients within rural and underserved areas. Setting options for hometowns are the same ones applicants will have when indicating their setting preferences and the location of their selected experiences:

- *Urban*: Central part of a city with a high population.
- Suburban: Smaller urban area around a city and less populated.
- Rural: Large amounts of undeveloped land with few homes or buildings and low population density.

#### **Program Signals for Residency Programs**

#### What is the Program Signals section?

Program signals offer applicants the opportunity to express interest in a residency program at the time of application. You can use them as one of many data points in deciding whom to invite to interview.

Applicants will be able to send signals in each <u>participating specialty</u> they intend to apply. The number of available signals varies by specialty. Specialties determine the number of signals based on their goals for signaling, the number of programs, and the average number of applications submitted in their specialty. Visit <u>this page</u> to view the number of signals available by specialty.

#### What will be shared with participating programs?

Responses to program signals will be shared with the participating programs an applicant applies to. You will be able to export and filter these data.



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The following program signal information will be shared on the Applicant Details page:

Applicant signaled	Your program sees
Your program, for single-tier participating programs.	A "Signaled Program" badge.
Your program, for two-tier participating programs.	Either a "Signaled Gold" badge or a "Signaled Silver" badge.*
A different program.	No information will be displayed.
Skipped the Program Signaling section.	No information will be displayed.

<sup>\*</sup>Applicants cannot send a gold and a silver signal to the same program, so programs in specialties participating in tiered program signaling will only receive either a gold or a silver signal from any one applicant.

The criteria you can use to filter program signals are "Yes," "Gold," and "Silver."

#### **Guidelines for appropriate use of program signal information**

- ✓ **Use signals** *only* **when deciding whom to invite to interview.** Applicants' interest in programs may change after they submit their MyERAS application for many reasons, including their experiences on interview day. *In 2023, more than 80% of applicants surveyed indicated program signals reflected their true preferences at the time of application, and 64% of respondents agreed that program signals may help them be noticed by programs they have the most interest in.*
- ✓ Consider signals a "plus factor," not a screening tool. A signal is an indication of interest, not qualification. Applicants should be evaluated in the context of their whole application. A signal is one of many pieces in the application, so it should not be given undue weight. Applicants consider a variety of factors when signaling programs. In 2023, The five most important factors affecting where respondents signaled were consistent with the five most important factors affecting where they applied. Respondents signaled interest in programs that were at their ideal geographic location, in close proximity to family and friends, a perceived good fit, and aligned with their career interests and that gave them a chance to receive an interview offer.
- Do not assume that applicants who do not signal your program are not genuinely interested in your program. Program signals are still new to applicants, advisors, and programs. If you put too much weight on any component of the application, you may miss the opportunity to identify applicants who could be successful in your program. In ERAS 2023, program signals were not distributed equally across programs. On average, programs in 11 of the 16 participating specialties received signals from 10% or fewer of their applicants. However, there was a lot of variation, with some programs receiving signals from nearly half their applicants and others receiving signals from less than 5% of their applicants. This finding held across all specialties, regardless of whether the specialty used a "small" or "large" number-of-signals approach.





The AAMC provided all participating specialties with guidance about signaling home and away rotations. The AAMC suggests that applicants signal the programs they're most interested in regardless of whether they are home or away rotations. This is the most fair and equitable process for all applicant types (from MD- and DO-granting schools and international medical graduates [IMGs]) and provides all programs that participate in receiving signals with the same information about an applicant's level of interest.

# Learn More About How Programs Used the New MyERAS® Content in Previous Residency Application Cycles Through the Supplemental ERAS Application

The AAMC surveyed programs across various specialties that participated in the supplemental application for the past two application cycles to learn how they used information in their admission process. A complete summary of the program director surveys by specialty is available on the Supplemental ERAS Application Data and Reports webpage.