



Tomorrow's Doctors, Tomorrow's Cures®

Supplemental ERAS® Application:

Guide for Residency Programs

Appendix: Application Question Tables

September 2021

Association of
American Medical Colleges

Supplemental ERAS® Application: Guide for Residency Programs

Last Updated: September 16, 2021

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Appendix: Supplemental ERAS Application Questions

Applicant responses to all questions are displayed in the supplemental ERAS application dashboard. Some responses are directly visible on the dashboard. Other responses appear in pop-up boxes when hovering over icons or boxes on the dashboard; these are noted with an * in the Question Topic column.

Past Experiences Questions

General Experience Questions

All applicants will be asked to respond to this series of questions for each experience entered.

Question Topic	Response Format/Options	Instruction and Descriptions
Position Title	Open text field (up to 100 characters)	
Organization Name	Open text field (up to 100 characters)	
Start date	MM/DD/YYYY	<i>Note. If a start date is missing, the experience will not be displayed on the dashboard timeline.</i>
End date, Ongoing	MM/DD/YYYY	If the experience is not yet completed, enter "09/30/2021" and check <i>Ongoing</i> . <i>Note. If an end date is missing, the experience will appear as Ongoing on the dashboard timeline. Please refer to the supplemental ERAS application data export to confirm the end date and/or that an experience is Ongoing.</i>
Frequency of Participation	<ul style="list-style-type: none"> One-time (not recurring) Daily (recurring) Weekly (recurring) Monthly (recurring) Quarterly (recurring) Annually (recurring) 	<ul style="list-style-type: none"> <i>One-time (not recurring)</i> <i>Daily (recurring)</i> – multiple days per week during the timeframe noted (e.g., full-time work) <i>Weekly (recurring)</i> – once or twice per week (e.g., volunteering at a soup kitchen each weekend, leading a weekly tutoring session) <i>Monthly (recurring)</i> – once or twice per month (e.g., volunteering at homeless shelter once a month) <i>Quarterly (recurring)</i> – three or four times per year (e.g., volunteer at community center during holiday events) <i>Annually (recurring)</i> – once per year (e.g., an annual half-marathon for charity)
Type of Experience	<ul style="list-style-type: none"> Education/Training Military service Professional organization Research 	<ul style="list-style-type: none"> <i>Education/Training</i> (includes clinical training such as clerkships, away rotations, sub-internships, structured observerships, etc.) <i>Military service</i>

	<ul style="list-style-type: none"> • Teaching/Mentoring • Volunteer/Service/Advocacy • Work • Other extracurricular activity, club, hobby 	<ul style="list-style-type: none"> • <i>Professional organization</i> (includes societies, associations, etc. at the local, regional, national, or international levels) • <i>Research</i> • <i>Teaching/Mentoring</i> (includes paid teaching positions such as high school teacher as well as teaching assistant, tutor) • <i>Volunteer/Service/Advocacy</i> (includes unpaid experiences, service, advocacy) • <i>Work</i> (includes paid experience clinical and non-clinical, business or entrepreneurial experiences) • <i>Other extracurricular activity, club, hobby</i> (includes sports, music, theater, student government, etc.)
Location	<ul style="list-style-type: none"> • United States • International • Virtual 	
Location Setting	<ul style="list-style-type: none"> • Not Applicable • Rural • Urban • Multiple settings 	<ul style="list-style-type: none"> • <i>Rural</i> – population of 2,500 or less; sparsely populated • <i>Urban</i> – population of 50,000 or more; continuously built-up and densely populated
Knowledge of Medicine or Health Care Required	<ul style="list-style-type: none"> • Yes • No 	

Medical/Health Care Experiences Questions

Applicants will be asked to respond to this series of questions for each experience that requires knowledge of medicine or health care, as indicated via the *Knowledge of Medicine or Health Care Required* field.

Question Topic	Response Format	Instructions and Descriptions
*Institution	<ul style="list-style-type: none"> • Biomedical/health care research facility • Community hospital • Community health clinic (e.g., FQHC) • Long-term care facility (e.g., nursing home, assisted living) • Out-patient facility • Private practice • University/academic hospital • Veteran's Affairs hospital • Other (e.g., global health, mobile clinic, fire department, training or education facility) • Multiple institutions 	Select the institution that <i>best</i> describes the institution or reflects the <i>primary</i> institution where the experience took place.
*Patient Care, if applicable	<ul style="list-style-type: none"> • Not applicable • Out-patient care: does not require overnight stay • In-patient care: requires overnight stay • Both in-patient and out-patient care 	If the experience included patient care, indicate the type of patient care. Otherwise, select <i>Not applicable</i> .
*Clinical Training Type, if applicable	<ul style="list-style-type: none"> • Not applicable • Core Clerkship/ Away rotation • Sub-internship/ Acting internship/ Externship • Structured observership/ Shadowing (no direct patient care) 	If the experience included clinical training, indicate the type of clinical training. Otherwise, select <i>Not applicable</i> .

Research Experiences Questions

Applicants will be asked to respond to this series of questions for each “Research” experience entered, as indicated via the *Type of Experience* field.

Question Topic	Response Format	Instructions and Descriptions
Research Type	<ul style="list-style-type: none"> • Basic science/bench • Clinical/translational • Educational (medical education) • Epidemiological/Public health/Public policy • Quality improvement 	<ul style="list-style-type: none"> • <i>Basic science/bench</i> – provides a foundation of knowledge for applied science, laboratory based • <i>Clinical/translational</i> – explores new, or refinements to, treatments, medications, or diagnostic techniques, clinically/patient care based • <i>Educational (medical education)</i> – evaluates educational policies, instructional technology and resources, teachers or mentors, and learners, improving teaching and learning practices • <i>Epidemiological/Public health/Public policy</i> – studies the distribution of diseases or health-related conditions in different populations, determinants of health, strategies to prevent illness, impact of public policy • <i>Quality improvement</i> – studies improvements in processes or outcomes and/or patient safety • <i>Other</i>

If applicable, applicants may select one research output or scholarly work from each research experience that they believe is the most impactful or important to the field.

Question Topic	Response Format	Instructions and Descriptions
Type of Research Output or Scholarly Work	<ul style="list-style-type: none"> • Not applicable • Oral presentation/Podium presentation • Peer-reviewed published research article • Peer-reviewed book chapter • Poster • Non-peer-reviewed publication (e.g., invited article, commentary, book chapter) • Unpublished outputs (e.g., manuscript, white paper, report) • Other 	

*Citation for Research Output	Open text field	<p>For published, accepted, or submitted written piece: Journal. Title, Authors. Date Published, Date Accepted ('Accepted on...') or Date Submitted ('Submitted on...'). Include PubMed ID, if applicable.</p> <p>For presented, accepted, or submitted poster or presentation: Title. Meeting. Authors. Date Presented, Date to be presented ('To be presented on...'), or Date Submitted ('Submitted on...').</p>
*Contribution to Research Output	<ul style="list-style-type: none"> • Literature search/review • Research question/hypothesis development • Study design • Data collection • Data analysis • Authoring text • Editorial feedback 	<p>Applicants indicate whether they were the lead or a collaborator for each research activity.</p> <p>“Lead” might include the following:</p> <ul style="list-style-type: none"> • identifying goals or objectives • identifying resources, people, processes, systems and/or tools needed • creating and adjusting a plan to achieve goals or objectives • determining or delegating the responsibilities and tasks needed to be completed • monitoring and evaluating progress and performance <p>“Collaborator” might include the following:</p> <ul style="list-style-type: none"> • completing tasks assigned to you • completing tasks that contribute in a substantial way to the activity
*Additional Research Outputs	<ul style="list-style-type: none"> • Yes • No 	Indicate whether there were multiple research outputs or scholarly work for this research experience. Programs should refer to the MyERAS publications for additional citations.

Volunteer Experience Questions

Applicants will be asked to respond to this series of questions for each “Volunteer/Service/Advocacy” experience, as indicated via the *Type of Experience* field.

Question Topic	Response Format	Instructions and Descriptions
Primary & secondary focus or population	<ul style="list-style-type: none"> • Not applicable • Children (e.g., after school care, big brother) • Disabilities • Elderly • English as a second language (ESL) • First responder (e.g., paramedic, EMT) • Health disparities • Health education • Homelessness • Hospice • Hunger (e.g., food bank, soup kitchen) • Immigration • Improving access to medical care • Incarcerated or formerly incarcerated • International health (medical mission) • Interpersonal violence (e.g., domestic, community) • LGBTQ • Occupational health and safety • Pathways to careers in medicine and science • Poverty • Public Health • Social justice/Advocacy (e.g., racial, reproductive, environmental) • Substance use/addiction • Tutoring/Teaching • Veterans • Other 	<p>Select the options that best describe the primary and secondary focus(es) or population(s) served through the volunteer experience.</p> <p><i>Applicants may select up to two focus areas or population(s) for each volunteer experience.</i></p>

Meaningful Experiences Description

Applicants will be asked to respond to this question for each experience entered.

Question Topic	Response Format	Instructions and Descriptions
Why the experience was meaningful	Open text field (up to 300 characters)	For each experience, briefly describe why the experience was meaningful. What did you learn from the experience? How was it instrumental in your career development? How did it shape your career goals? <i>Note. Responses that exceed the allowable number of characters will be truncated.</i>

Other Impactful Experiences Question

All applicants will have an opportunity to respond to this question, if applicable. Programs should not expect all applicants to complete this question. This question is intended for applicants who have experienced a hardship or challenge similar to those described below and who wish to share that information.

Question Topic	Response Format	Instructions and Descriptions
Other Impactful Experiences	Open text field (up to 750 characters)	<p>Program directors are interested in learning more about other impactful experiences applicants may have encountered or overcome on their journey to residency. This question is designed to give applicants the opportunity to provide additional information about their background or life experiences that is not captured elsewhere in the application (e.g., information written in this question should not be the same as what is included in the personal statement).</p> <p>The experiences described can be from any point in your lifetime; they do not have to be during medical school or related to the field of medicine.</p> <p>Below is a list of some relevant types of challenges or hardships that could be discussed, as well as some examples of each:</p> <ul style="list-style-type: none"> • family background (e.g., first generation to college) • financial background (e.g., low-income family, worked to support family growing up, work-study to pay for college) • community setting (e.g., food scarcity, poverty or crime rate, lack of access to medical care) • educational experiences (e.g., limited educational opportunities, access to advisors or mentors) • other general life circumstances (e.g., loss of a family member, serving as a caregiver while working or in school). <p><i>Note. Responses that exceed the allowable number of characters will be truncated.</i></p>

Geographic Information Questions

Region (U.S. Census Division) Preference Questions

Applicants will have an opportunity to share region (division) preferences if they wish to do so.

Question	Response Format	Instructions and Descriptions
<p>Indicate your preference for a division(s) or lack of preference (optional)</p>	<ul style="list-style-type: none"> • Select up to 3 Census divisions • I do not have division preference • I do not wish to communicate a division preference 	<p>An applicant may select up to three U.S. census divisions:</p> <ul style="list-style-type: none"> • Pacific West: AK, CA, HI, OR, WA • Mountain West: 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 <p>Or they may select either of these responses:</p> <ul style="list-style-type: none"> • I do not have division preference • I do not wish to communicate a division preference <p><i>Note: If an applicant selects either of these options, they cannot select any other option listed for this question.</i></p>
<p>*Share information about your preference for each division you select, if applicable</p>	<p>Open text field (up to 300 characters)</p>	<p>A separate textbox will be available for each division the applicant selects. They can use this space to explain why they have a preference for that division.</p> <p><i>This response will be shared only with programs in that division.</i></p> <p><i>Note. Responses that exceed the allowable number of characters will be truncated.</i></p>
<p>*Share information about your lack of division preference, if applicable</p>	<p>Open text field (up to 300 characters)</p>	<p>A separate textbox will be available if the applicant selects “I have no division preference.” They can use the space to explain why they have no division preference.</p> <p><i>This response will be shared with all programs.</i></p> <p><i>Note. Responses that exceed the allowable number of characters will be truncated.</i></p>

Setting Preference Questions

Applicants will have an opportunity to share setting preferences if they wish to do so.

Question	Response Format	Instructions and Descriptions
Indicate your preference for urban settings	<ul style="list-style-type: none"> No preference Slight preference Strong preference 	Urban: population of 50,000 or more; continuously built-up and densely populated area <i>This response will be shared with all programs.</i>
Indicate your preference for rural settings	<ul style="list-style-type: none"> No preference Slight preference Strong preference 	Rural: population of 2,500 or less; sparsely populated area <i>This response will be shared with all programs.</i>
*Share information about your urban and rural setting preferences	Open text field (up to 300 characters)	Applicants can use this space to explain their preference for urban or rural settings (or explain why they have no preference). <i>This response will be shared with all programs.</i> <i>Note. Responses that exceed the allowable number of characters will be truncated.</i>

Preference Signaling Questions

Question	Response Format	Description
In which of the following specialties are you planning to apply for a residency position? (Select all that apply.)	<ul style="list-style-type: none"> • Dermatology • General surgery (categorical only) • Internal medicine (categorical) • Internal medicine (preliminary) 	If the applicant is applying to multiple specialties, they will be able to submit signals separately within each specialty.
Select up to <u>three dermatology programs</u> to which you want to submit a signal.	Program 1 Program 2 Program 3	<p>A drop-down menu with a list of eligible programs is available to make selections.</p> <p>There is no rank order for the signals.</p> <p>The applicant should not submit a signal to the dermatology program at their medical school or to any program where they completed an in-person away rotation or sub-internship.</p>
Select up to <u>five general surgery programs</u> to which you want to submit a signal.	Program 1 Program 2 Program 3 Program 4 Program 5	<p>A drop-down menu with a list of eligible programs is available to make selections.</p> <p>There is no rank order for the signals.</p> <p>The applicant should not submit a signal to the general surgery program at their medical school or to any program where they completed an in-person away rotation or sub-internship.</p>
Select up to <u>five internal medicine-categorical programs</u> to which you want to submit a signal.	Program 1 Program 2 Program 3 Program 4 Program 5	<p>A drop-down menu with a list of eligible programs is available to make selections.</p> <p>There is no rank order for the signals.</p> <p>The applicant should not submit a signal to the internal medicine program at their medical school or to any program where they completed an in-person away rotation or sub-internship.</p>
Select up to <u>five internal medicine-preliminary programs</u> to which you want to submit a signal.	Program 1 Program 2 Program 3 Program 4 Program 5	<p>A drop-down menu with a list of eligible programs is available to make selections.</p> <p>There is no rank order for the signals.</p> <p>The applicant should not submit a signal to the internal medicine program at their medical school or to any program where they completed an in-person away rotation or sub-internship.</p>