

# AAMC Supplemental ERAS® Application: Key Findings From the 2022 Application Cycle

## Background

The AAMC partnered with U.S. residency programs in dermatology, general surgery, and internal medicine to offer the supplemental ERAS® application for the 2022 application cycle. The purpose of the supplemental ERAS application was to:

- Update the myERAS® application to reflect the current state of residency training.
- Empower applicants to share more information about themselves using a fair process.
- Drive holistic review in a high-volume application context.

The supplemental ERAS application was administered Sept. 1-30, 2022, and consisted of three sections: past experiences, geographic preferences, and preference signals. (Analysis of a fourth, research-only section of that application, work preferences, is ongoing.) A total of 720 unique programs participated. Some internal medicine programs offered both categorical and preliminary tracks. Participating programs represented all geographic regions, university- and community-affiliated programs, and programs of different sizes:

- Dermatology (87% participated, 117/135 programs).
- General surgery - categorical (71% participated, 232/327 programs).
- Internal medicine - categorical (64% participated, 361/566 programs with categorical tracks).
- Internal medicine - preliminary (75% participated, 184/246 programs with preliminary tracks).

About 83% of applicants to these three specialties submitted the supplemental ERAS application (22,900/27,496). (Applicants can apply to more than one specialty, so percentages may exceed 100.) The demographic composition of the sample was similar to the population of applicants from these specialties (as of January 2022), although slightly fewer Asian applicants to internal medicine (categorical and preliminary) submitted the supplemental application compared with all applicants from internal medicine.

- Dermatology (93% submitted, 950/1,019 applicants)
- General surgery - categorical (87% submitted, 3,578/4,115 applicants)
- Internal medicine - categorical (82% submitted, 15,486/18,986 applicants)
- Internal medicine - preliminary (74% submitted, 7,802/10,511 applicants)

## Methodology

The evaluation plan centers around fairness, psychometrics and validity, program director use and reactions, and application and advisor reactions. In the first phase of the evaluation, we explored applicants' responses to evaluate fairness, psychometrics, and validity. We explored how program directors used the supplemental application and their perceptions of how it added value.

Applicant, advisor, and program director surveys were administered between October 2021 and January 2022. Although survey results should be interpreted with caution given the low response rate and small sample sizes, the samples represented a variety of geographic regions, university- and community-affiliated programs, and programs of different sizes:

- Applicant survey (36% responded, 8,207/22,899).
- Advisor survey (MD schools: 62% responded, 96/155; DO schools: 37%, 14/38).
- Dermatology program director survey (44% responded, 52/117 programs).
- General surgery program director survey (34% responded, 79/232 programs).
- Internal medicine program director survey (30% responded, 108/366 programs).

This document summarizes key findings from the first round of analysis of supplemental application responses and survey results. It describes how current findings will inform changes to the design and administration of the supplemental application in year 2. For detailed survey results, refer to [AAMC Supplemental Application Data and Reports](#).

## Findings

### Past Experiences

- Over 90% of applicants reported four or five meaningful experiences, and most applicants included a brief description about their experiences. More than 66% of these meaningful experiences required medical or health care knowledge. On average, the duration of experiences reported was 12 months. The most-reported experience types were:
  - Education/training (13%-22%).
  - Research (14%-23%).
  - Volunteer/service/advocacy (22%-27%).
  - Work (11%-19%).
- There were no or small differences in responses to past-experiences questions by gender and race/ethnicity. Graduates of medical schools outside the United States (IMGs) reported more medical/health care-related, education/training, and work experiences than did graduates of MD and DO schools.
- Just under half of applicants (46%) thought the experiences essays empowered them to highlight who they are to programs.
- Program directors reported mixed reactions to the five-most-meaningful-experiences section. Most of them reported using these during their initial application review (85%) and when deciding whom to interview (80%). However, they also reported the section was redundant with information from the myERAS application. We will consider updating guidance to applicants to minimize redundancies with the existing application.
- About 70% of applicants responded to the Other Impactful Life Experiences essay. Asian, Black, and Hispanic applicants responded at higher rates than White applicants. DO and IMG applicants were more likely to respond than MD applicants.
- Although most applicants wrote about topics related to overcoming hardship in answer to the Other Impactful Life Experiences essay, some wrote about experiences that did not reflect sustained or extraordinary hardship, suggesting that more guidance about the intent of this essay is needed for applicants. The most common essay topics were:
  - Financial hardships (19%).
  - Serious life challenge, illness, passing of a family member (18%).
  - First generation to higher education or in medicine (12%).

- Over 70% of dermatology, almost 50% of general surgery, and 35% of internal medicine program directors reported the Other Impactful Life Experiences essay provided important context.
- Based on these data, the supplemental ERAS application for the 2023 cycle will include the past experiences section. As shown in Table 1, the primary components of this section (i.e., the 5 Most Meaningful Experiences and the Other Impactful Life Experiences essay) will remain. However, we will streamline the section by reducing the number of questions and response options to those that provide the most value. We'll also improve guidance to applicants.

**Table 1. The Past Experiences Section**

Element	Stays the Same	Potentially Change
<b>Content</b>	<ul style="list-style-type: none"> <li>• 5 Most Meaningful Experiences and short essays.</li> <li>• Other Impactful Life Experiences essay.</li> </ul>	<ul style="list-style-type: none"> <li>• Reduce the number of follow-up questions.</li> <li>• Reduce the number of response options for some questions.</li> </ul>
<b>Guidance to Applicants and Advisors</b>	<ul style="list-style-type: none"> <li>• Applicant guidance.</li> <li>• Applicant and advisor guidance webinars.</li> </ul>	<ul style="list-style-type: none"> <li>• Update guidance to reflect any changes to the question content</li> <li>• Add guidance and examples about:               <ul style="list-style-type: none"> <li>○ Overlap between the supplemental application and other application information.</li> <li>○ What program directors are looking for/not looking for in the Other Impactful Life Experiences essay.</li> </ul> </li> </ul>
<b>Guidance to Program Directors</b>	<ul style="list-style-type: none"> <li>• Supplemental application guide for programs.</li> <li>• Program director guidance webinars.</li> </ul>	<ul style="list-style-type: none"> <li>• Update guidance to reflect any changes to the question content.</li> </ul>

## Geographic Information

*Note: General surgery did not participate in this section of the supplementary ERAS application.*

- More than 60% of applicants indicated at least one geographic division preference, with most indicating a preference for the division aligning with their home or medical school location.
- About 33% of applicants indicated they had no geographic preference, suggesting that factors beyond geography are important to them and/or they were willing to relocate to a new part of the country. Black and Hispanic applicants (35%-53%) and IMG applicants (44%-51%) were more likely to select “No Geographic Preference” than other applicants.
- About 70%-80% of applicants provided a short essay explaining their preference (or lack thereof).
- More than 60% of applicants reported having no preference for a rural setting, and about 50% reported no preference for an urban setting. More applicants reported a strong preference for an urban (24%-33%) than a rural (3%-10%) setting. About half the applicants provided a short essay explaining their urban/rural preference (or lack thereof). It’s possible that including separate questions for both rural and urban preferences was confusing for some applicants, so simplifying this to one question is under consideration.
- Nearly 70% of applicants reported that their responses to the geographic preferences section reflected their true preferences at the time of their application, and about half of applicants and advisors thought geographic preference information may help applicants be noticed by programs they have the most interest in.
- This section was widely used and appreciated by program directors. Over 90% of dermatology and 85% of internal medicine program directors reported using geographic preferences as part of their holistic decision and/or as a tiebreaker when deciding whom to interview. Furthermore, 64% of dermatology and 58% of internal medicine program directors reported that geographic preferences information helped identify applicants they would otherwise have overlooked.
- Based on these data, the supplemental ERAS application for the 2023 cycle will include the geographic information section. As shown in Table 2, applicants will still be able to share their geographic preferences (or no preference) for divisions of the country and for a rural or urban setting. However, we will explore changing the geographic divisions and will create a single rural and urban preference question.

**Table 2. The Geographic Information Section**

Element	Stays the Same	Potentially Change
<b>Content</b>	<ul style="list-style-type: none"> <li>Indicate a geographic preference, including a “No Geographic Preference” option.</li> <li>Short essays describing division preferences (or lack thereof).</li> <li>Short essay describing rural or urban preference (or lack thereof).</li> <li>Specialties decide whether they want to receive this information.</li> </ul>	<ul style="list-style-type: none"> <li>Explore changing divisional groupings.</li> <li>Drop the “Do Not Wish to Indicate” response option.</li> <li>Change rural and urban preference to a single question.</li> </ul>
<b>Guidance to Applicants and Advisors</b>	<ul style="list-style-type: none"> <li>Applicant guidance.</li> <li>Applicant and advisor guidance webinars.</li> </ul>	<ul style="list-style-type: none"> <li>Update guidance to reflect any changes to question content.</li> </ul>
<b>Guidance to Program Directors</b>	<ul style="list-style-type: none"> <li>Supplemental application guide for programs.</li> <li>Program director guidance webinars.</li> </ul>	<ul style="list-style-type: none"> <li>Update guidance to reflect any changes to question content.</li> </ul>

## Preference Signals

- Over 85% of dermatology, general surgery, and internal medicine - categorical applicants used the maximum number of signals available (three for dermatology, five for other participating specialties). However, 29% of internal medicine - preliminary applicants who completed the supplemental ERAS application did not send any signals.
- Most program signals (87%-89%) overlapped with at least one of the geographic division preferences reported in the supplemental ERAS application. Most applicants (69%-79%) sent preference signals to programs located in the same geographic division as their permanent address, and between 61%-69% sent preference signals to programs located in the same division as their medical school.
- Preference signals were not equally distributed across programs. About a quarter of the programs in each specialty received 46%-53% of all signals. This finding suggests that preference signals may not have equal value to all programs, especially those that receive a large or small number of signals from their applicants. More work is needed to better understand why some programs receive so many (or so few) signals.

- More than 70% of respondents reported that preference signals reflected their true preferences at the time of their application, and more than half believed preference signals may help applicants be noticed by programs they have the most interest in.
- The top factors applicants considered when signaling were:
  - Alignment of program strengths with career interests (67%).
  - Location of program/geographic preference (66%).
  - Strength of the program’s clinical training (54%).
- Program directors used and saw value in preference signals. Across specialties, most program directors reported using preference signals as part of the holistic process to invite applicants to interview (95%-96%) and as a tiebreaker for deciding whom to invite to interview (84%-94%). Furthermore, 75% of program directors reported that preference signals helped them identify applicants they would otherwise have overlooked.
- Based on these data, the supplemental ERAS application for the 2023 cycle will include the preference signal section. As shown in Table 3, applicants will still be able to indicate their top preferences for programs in each specialty they apply to.

**Table 3. The Preference Signal Section**

Element	Stays the Same	Potential Changes
<b>Content</b>	<ul style="list-style-type: none"> <li>• Send signals to programs in each specialty applicants apply to.</li> <li>• Continue to work with each specialty to determine the optimal number of signals for each specialty.</li> <li>• Instruct applicants to send signals to a select number of programs they are genuinely interested in.</li> </ul>	<ul style="list-style-type: none"> <li>• Explore allowing applicants to signal programs affiliated with their medical school and where they completed an in-person away rotation or clinical sub-internship.</li> </ul>
<b>Guidance to Applicants and Advisors</b>	<ul style="list-style-type: none"> <li>• Applicant guidance.</li> <li>• Applicant and advisor guidance webinars.</li> </ul>	<ul style="list-style-type: none"> <li>• Update guidance to reflect any changes to question content.</li> </ul>
<b>Guidance to Program Directors</b>	<ul style="list-style-type: none"> <li>• Supplemental application guide for programs.</li> <li>• Program director guidance webinars.</li> </ul>	<ul style="list-style-type: none"> <li>• Update guidance to reflect any changes to question content.</li> </ul>

## Applicant and Advisor Experience

- Over 80% of applicants used the AAMC Supplemental ERAS Application Guide and website, and the majority found those resources useful. About 50% reported talking to their medical school advisor or a program director or faculty mentor or engaging in social media discussions about the supplemental application, and over 70% of applicants found those conversations useful.
- Just over 70% of applicants prepared their responses in advance, and of those, most spent more than three hours preparing their responses. In addition, about 80% reported spending more than an hour filling in the operational sections of the supplemental application. Additional work should be done to streamline questions, improve preparation resources, and simplify the process for adding responses to questions so completing the supplemental application takes less time.
- The majority (84%) of advisors used AAMC resources, and almost 90% found these resources useful. Most advisors (75%) spent up to three hours advising their students about the supplemental ERAS application. Only about a third of advisors felt confident advising their applicants about the geographic preference and preference-signaling questions. The top three questions from students about the application were about:
  - The strategy for sending preference signals (66%).
  - How the supplemental ERAS application will be used (64%).
  - The strategy for responding to geographic preference questions (54%).
- Future information and training sessions should be disseminated and/or conducted through AAMC webinars and the Group on Student Affairs (GSA) listserv, which advisors reported as the most effective way to share information.
- The supplemental ERAS application for the 2023 cycle will continue to be administered outside the myERAS application because question content is still being refined. As shown in Table 4, the AAMC will make changes that will improve the user experience for applicants, such as making information available earlier, keeping the supplemental application open longer, and simplifying some policies.

**Table 4. Administration for the 2023 Cycle**

Element	Stays the Same	Potential Changes
<b>Preparation</b>	<ul style="list-style-type: none"> <li>• Questions made available in advance.</li> </ul>	<ul style="list-style-type: none"> <li>• List participating specialties on the supplemental ERAS application in March.</li> <li>• Make participating programs available to applicants in June; close program registration May 31 (tentative).</li> <li>• Post preparation materials, including final questions, in April-May.</li> <li>• Explore providing a fillable PDF worksheet to help applicants prepare their responses in advance and to serve as a copy of their responses.</li> <li>• Explore providing information, including a visual, to applicants about how responses will be displayed to programs.</li> </ul>
<b>Invitation</b>	<ul style="list-style-type: none"> <li>• Separate from myERAS.</li> <li>• Invite via email after saving at least one program in a participating specialty.</li> </ul>	<ul style="list-style-type: none"> <li>• Open earlier in summer.</li> <li>• May send email invitations on a different cadence.</li> </ul>
<b>Completion and Submission</b>	<ul style="list-style-type: none"> <li>• Participation is optional, and all questions are optional.</li> <li>• Applicant cannot change responses after the submission deadline.</li> <li>• Applicant cannot print a copy of their responses.</li> <li>• The AAMC will not provide a copy of an applicant's responses upon request.</li> </ul>	<ul style="list-style-type: none"> <li>• Explore simplifying how applicants input responses.</li> <li>• Send the confirmation email immediately upon submission of the application.</li> <li>• Have one close date: Sept. 16, 5 p.m. ET (tentative).</li> <li>• Administer the research-only work preferences section separately and after the supplemental application close date.</li> </ul>



## Program Director Experience

- Program directors accessed applicant responses using a stand-alone dashboard, not the Program Directors Workstation (PDWS). There were three common difficulties in using the dashboard:
  - Working in two systems (dashboard and the PDWS; 81%-93%).
  - Using and downloading the raw data (32%-67%).
  - Navigating the dashboard generally (39%-54%).
- Despite these issues, over two-thirds of program directors (64%-88%) indicated they will likely use the supplemental ERAS application for the 2023 application cycle. However, they requested several “must have” content or features, including:
  - Preference signals (62-71%).
  - Ability to search for applicants by last name (56%-94%).
  - Ability to create and save filters (46%-61%).
- More than two-thirds of program directors indicated (1) it was important to release supplemental ERAS application data on the same day as the PDWS and (2) a delay in receiving the supplemental application responses would have a significant impact on their process.
- Based on this feedback, data from the supplemental ERAS application for the 2023 cycle will be available through the PDWS to program directors at participating programs and will be available when the PDWS opens. As shown in Table 5, AAMC will make changes that will improve the functionality of supplemental application data during the application review process.

**Table 5. Program Director Access for the 2023 Cycle**

	<b>Stays the Same</b>	<b>Potential Changes</b>
<b>Sign Up and Use</b>	<ul style="list-style-type: none"> <li>Specialty organizations agree to participate.</li> <li>Programs opt in by agreeing to the supplemental application terms and conditions.</li> </ul>	<ul style="list-style-type: none"> <li>Programs cannot drop out after they sign up.</li> </ul>
<b>Application</b>	<ul style="list-style-type: none"> <li>Data available when the PDWS opens.</li> <li>Visual “Candidate Snapshot” available.</li> </ul>	<ul style="list-style-type: none"> <li>Data will be available in the PDWS:               <ul style="list-style-type: none"> <li>All registered PDWS users can access the data.</li> <li>Functionality of supplemental application data will be the same as other application data in the PDWS.</li> </ul> </li> <li>Data for applicants who complete the supplemental application and apply to a participating program after the PDWS opening date will be available as soon as applicants apply to that program.</li> </ul>
<b>Guidance and Training</b>	<ul style="list-style-type: none"> <li>Self-guided modules.</li> <li>Supplemental application guide for programs.</li> <li>Live Q&amp;A sessions.</li> </ul>	<ul style="list-style-type: none"> <li>Guidance will be updated to reflect availability of applicant data in the PDWS.</li> </ul>

