Appendix – Transition to Residency Workshop Documentation

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AAMC Transition to Residency Workshop Agenda

Audience: National organizations, specialty societies, and AAMC constituent groups across the UME-GME continuum

Primary Goal: To create evidence-based action plans for four complex and urgent challenges during the transition to residency: Holistic Review in Residency Selection; Away Rotations; Interview Protocols; and GME Interactive Informational Database

When and Where: Marriott Marquis Salon, Washington, D.C. 12-13, July 27, 2022 – 12:30 p.m. to 7 p.m. and July 28 – 8 a.m. to 3 p.m.

Wednesday, July 27, 2022	
12:30 p.m.	Networking Lunch (Optional for Those Arriving Early)
1 p.m.	**Welcome** *Workshop hosts will welcome attendees and review workshop agenda*
1:15 p.m. – 1:45 p.m.	**Preview of Agenda & What Brought Us Here**
1:45 p.m. – 4:30 p.m.	**Interactive Exercise One: Gallery Walk of Current State and Works Underway** *(Small breaks to be taken as needed by individual participants)*
4:30 p.m. – 5 p.m.	**Networking Break**
5 p.m. – 6:30 p.m.	**Interactive Exercise Two: World Café Part One** Participants rotate through two hosted groups to discuss T2R challenges and draft targeted action plans
7 p.m.	**Networking Dinner at Rumi's Kitchen**

Thursday, July 28, 2022	
8 a.m. — 8:30 a.m.	**Networking Breakfast**
8:30 a.m. — 10:45 a.m.	**Interactive Exercise Two: World Café Part Two** Participants rotate through two additional hosted groups to discuss T2R challenges and draft targeted action plans
10:45 a.m. – 11:00 a.m.	**Brief Break**
11 a.m. – 12:15 p.m.	**Interactive Exercise Three: Action Planning** Participants rotate through hosted groups to discuss draft targeted action plans
12:15 p.m. – 12:45 p.m.	**Networking Lunch**

Thursday, July 28, 2022	
12:45 p.m. – 1:45 p.m.	**Interactive Exercise Three: Action Planning, Continued** Participants rotate through hosted groups to discuss draft targeted action plans
1:45 p.m. – 2 p.m.	**Brief Break**
2 p.m. – 2:45p.m.	**Moving Forward – Large group discussion of draft plans for four focus areas**
2:45 p.m. — 3 p.m.	**Event Wrap-Up**

AAMC Transition to Residency Workshop
Washington, DC
July 27-28, 2022

Attendees

Jerel Arceneaux, MS
Sr. Financial Aid Officer
University of South Carolina

Jesse Burk-Rafel, MD
Assistant Director of UME-GME Innovation, Institute for Innovations in Medical Education
NYU Grossman School of Medicine

Rachel Eleazu
National Vice President, Student National Medical Association (SNMA)
MD candidate, University of Pittsburgh School of Medicine

Mary Furlong, MD
Associate Dean for Curriculum and Director of the Office of Medical Education
Georgetown University School of Medicine

Chris Gallo, MD
Representative for the Association of Native American Medical Students (ANAMS)
Resident, Duke University

Maya M. Hammoud, MD, MBA
Representative for the Association of Professors of Gynecology & Obstetrics (APGO)
Professor and Associate Chair for E-Learning and Enabling Technologies, Obstetrics and Gynecology
University of Michigan Medical School

Leila E. Harrison, PhD, MA, MEd
Senior Associate Dean for Admissions and Student Affairs
Washington State University Elson S. Floyd College of Medicine

Dilpreet Kaeley
Chair-Elect, AAMC Organization of Student Representatives
MD candidate, University of Toledo College of Medicine and Life Sciences

Kathleen J. Kashima, PhD
Senior Associate Dean of Students
University of Illinois Chicago

Donna L. Lamb, DHSc, MBA, BSN
President and CEO
National Resident Matching Program

Kimberly Lomis, MD
Vice President for UME Innovations
American Medical Association

LaTanya J. Love, MD
Dean of Education, ad interim
Associate Professor, Pediatrics
UT Health Science Center at Houston

Elise Lovell, MD
Immediate Past President, Organization of Program Director Associations (OPDA)
Program Director, Emergency Medicine and Clinical Professor
Advocate Christ Medical Center, University of Illinois at Chicago

Hilit F. Mechaber, MD
Senior Associate Dean for Student Affairs
University of Miami Miller School of Medicine

Sunny Nakae, MSW, PhD
Senior Associate Dean – Equity, Inclusion, Diversity, and Partnership
California University of Science and Medicine

William Pieratt, DO, FACP
Representative for American Association of Colleges of Osteopathic Medicine (AACOM)
Dean and Chief Academic Officer
Burrell College of Osteopathic Medicine

Jeanmarie Rey, MD
Representative for the American Academy of Family Physicians (AAFP)
Assistant Professor, Family Medicine and Director of Reflective Practice
Uniformed Services University

Sandra Snyder, DO
Representative for American Association of Colleges of Osteopathic Medicine (AACOM)
Program Director, Family Medicine
Cleveland Clinic

Deborah Spitz, MD
Representative for the Organization of Program Director Associations (OPDA)
Vice Chair for Education and Academic Affairs
Professor of Psychiatry and Behavioral Neuroscience
The University of Chicago

Kyla P. Terhune, MD, MBA, FACS
Representative for Assoc of Program Directors in Surgery (APDS)
Associate Dean for Graduate Medical Education
Vanderbilt University School of Medicine

Simone Thavaseelan, MD
Representative for the Society of Academic Urology (SAU)
Associate Professor of Surgery (Urology)
Warren Alpert School of Medicine at Brown University

Lia A. Thomas, MD
Representative of the American Association of Directors of Psychiatric Residency Training
(AADPRT)
Medical Director, MH Trauma Services Team, VA North Texas Health Care System
UT Southwestern Medical Center

Donna Tran
President, Asian Pacific American Medical Student Assoc (APAMSA)
MD student at Michigan State University College of Human Medicine and
MPH student at Johns Hopkins School of Public Health

Teresa A. Vigil, MD
Interim Senior Associate Dean of Education
University of New Mexico

Linda A. Waggoner-Fountain, MD, MEd
Representative for the Association of Pediatric Program Directors (APPD)
Director, Pediatrics Residency Program
UVA Health

David A. Wininger, MD
Representative for the Alliance for Academic Internal Medicine (AAIM)
IM Residency Program Director
Ohio State University Wexner Medical Center

Fasika Woreta, MD
Representative for the Association of University Professors of Ophthalmology (AUPO)

Director, Ophthalmology Residency Program
Associate Professor of Ophthalmology
Johns Hopkins Medicine

Association of
American Medical Colleges

Away Rotations

The majority* (~67% before COVID19) of third year medical students around the country and abroad make plans for away rotations during the fourth year.

*The prevalence and cost of medical student visiting rotations. Matthew Winterton, Jaimo Ahn, Joseph Bernstein; BMC Med Educ. 2016; 16: 291. Published online 2016 Nov 14.

- Away rotations provide valuable experience for the student and helps in specialty selection.
- There is significant variability in purpose, formality, structure, and access.
- Logistics and costs can be significant for the student.
- Number of away rotations recommended/completed vary per student/per school.
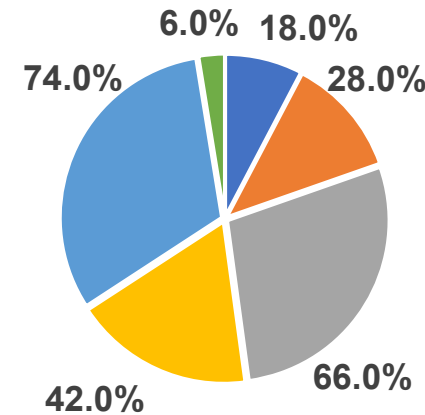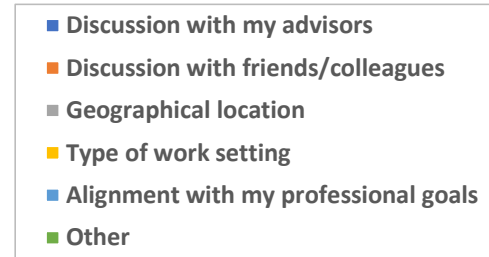
Sample UGRC Recommendation:
- ➤ Convene committee to explore goals and utility of away rotation experiences, their impact and issues of equity
  - ➤ Conduct cost vs benefit analysis
 - ➤ Make recommendations that are equitable

Visiting Student Learning Opportunities (VSLO) Program

- The **Visiting Student Learning Opportunities (VSLO)** program provides a streamlined application process that supports MD and DO students in identifying and applying to elective or away rotation opportunities available at AAMC member medical schools, teaching hospitals, non-member hospitals, and NGO sites. VSLO also supports international students in seeking rotations at institutions participating in the VSLO Global Network.
- ~430 institutions currently use VSLO to promote their rotations.
- The **VSLO Post Rotation questionnaire** results (Q1 2022 administration) reveal students' responses on rotation selection, benefits and related expenses.
- ~80% respondents agreed that the away rotation helped affirm their intended specialty choice.

Decision Factors for Selecting a Rotation (All that applied)

- Discussion with my advisors
- Discussion with friends/colleagues
- Geographical location
- Type of work setting
- Alignment with my professional goals
- Other

6.0% 18.0%
74.0% 28.0%
66.0%
42.0%

Percent that would rank this away rotation experience as one of their top 3 choices when applying for their residency program

16.8%

- Yes
- No
- Undecided

49.3%
33.9%
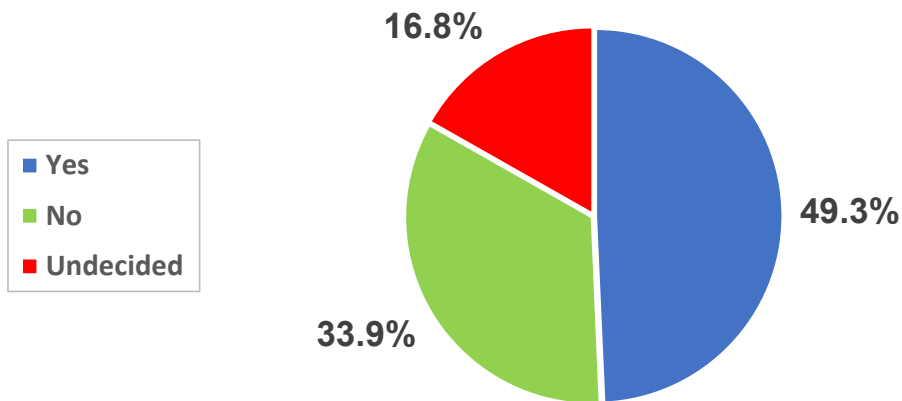
Percent that intend to apply for the residency program where they completed this rotation
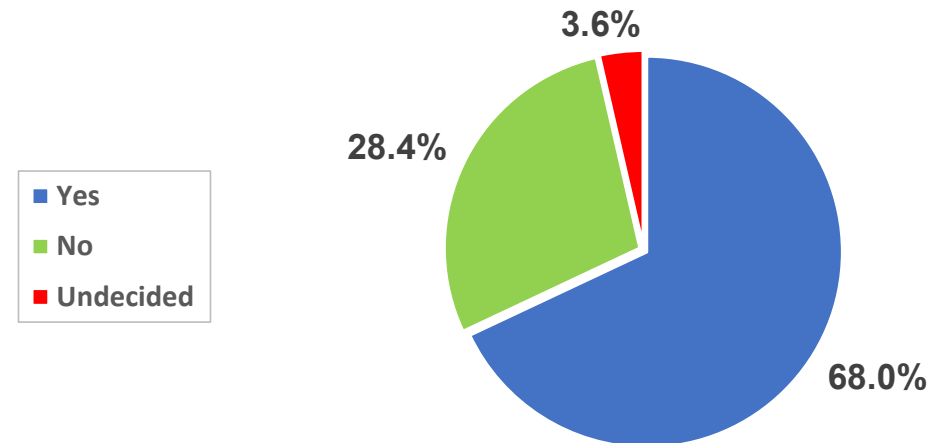
3.6%

- Yes
- No
- Undecided

28.4%
68.0%

Away Rotations Costs

~13% of students reported that all or some of the rotation expenses were included in their home institution tuition fee or cost of attendance.

Total costs associated with away rotation, including travel, lodging, host fees and other associated costs.

Legend:
- < $500
- $500 - $1,000
- $1,001 - $1,500
- $1,501 - $2,000
- $2,001 - $2,500
- $2,501 - $5,000
- > $5,000

Pie chart values: 41.5%, 16.3%, 9.9%, 10.6%, 6.9%, 12.0%, 2.8%
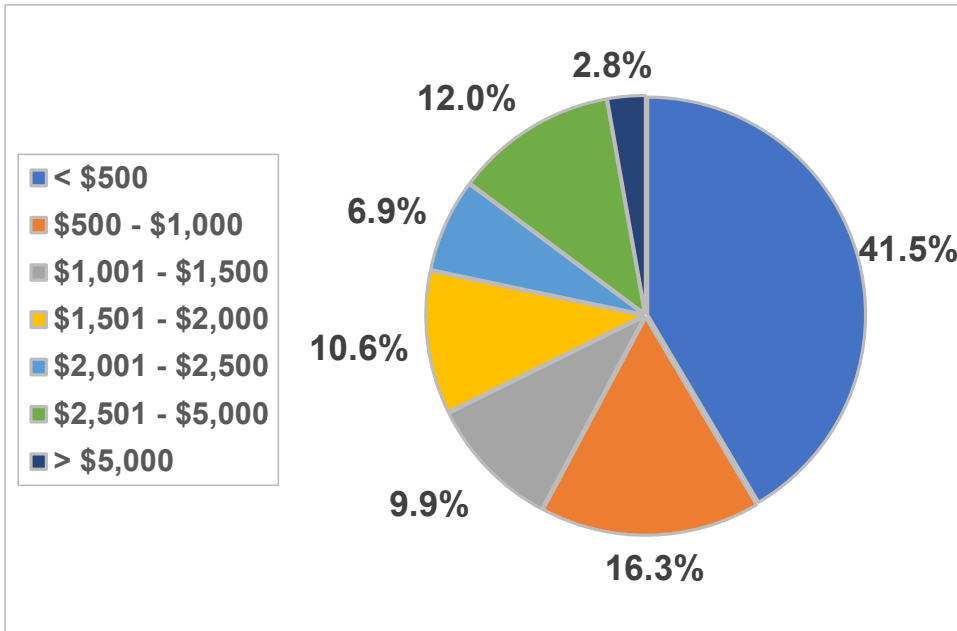
Biggest financial challenge in committing to an away rotation

	Housing	Flight/Transportation	Application Costs	Tuition for Away Rotations
Rank 4	12.7%	12.2%	22.7%	47.0%
Rank 3	8.9%	19.7%	39.6%	28.0%
Rank 2	16.9%	47.2%	20.8%	13.7%
Rank 1	61.5%	20.9%	16.9%	11.3%
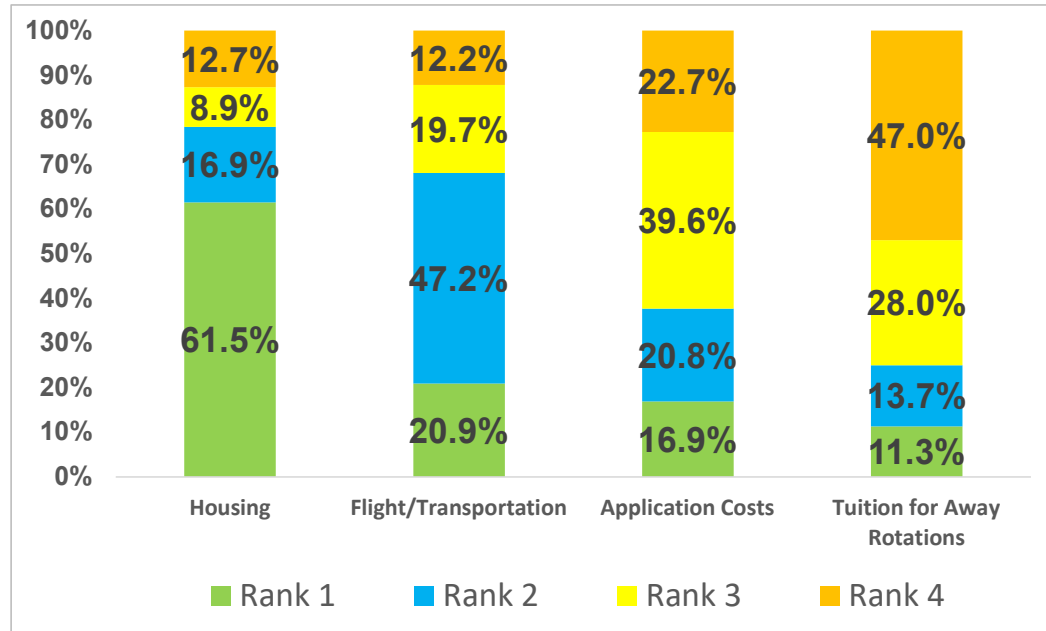
Total Applications Submitted by Speciality January 2022 to June 2022

439,694
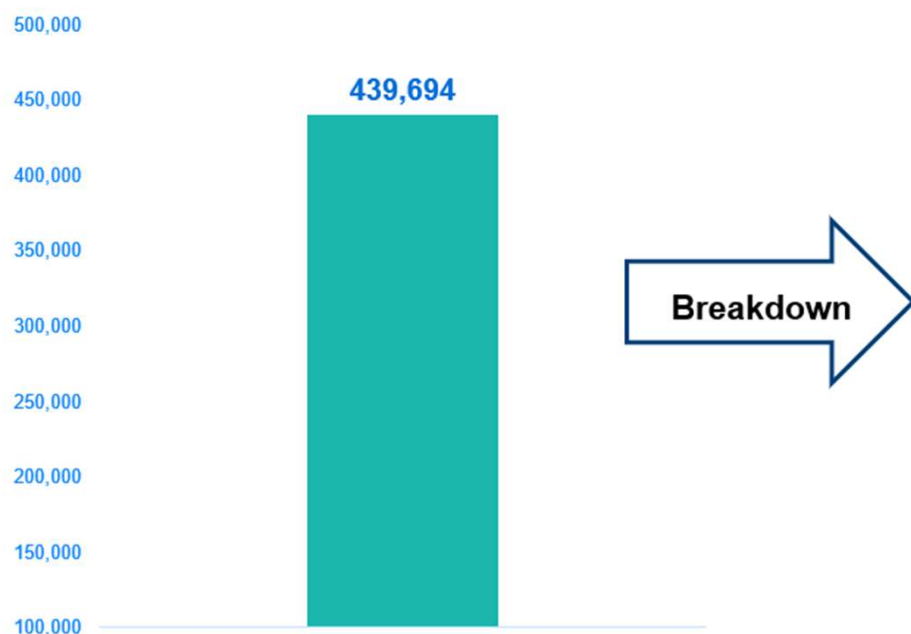
Specialty	Percentage
Internal Medicine	16%
Pediatrics	12%
Obstetrics and Gynecology	10%
Anesthesiology	9%
Surgery-General	8%
Emergency Medicine	7%
Psychiatry	7%
Orthopaedic Surgery	4%
Family Medicine	4%
Radiology-Diagnostic	4%
All Other Specialties	20%

Breakdown

* Applications=electives x multiple dates for that same elective

Locations of Host Away Rotations
(Applications Submitted January 2022 to June 2022)

Pie chart:
- 17% — Central (blue)
- 31% — Southern (orange)
- 30% — Northeast (gray)
- 22% — Western (yellow)
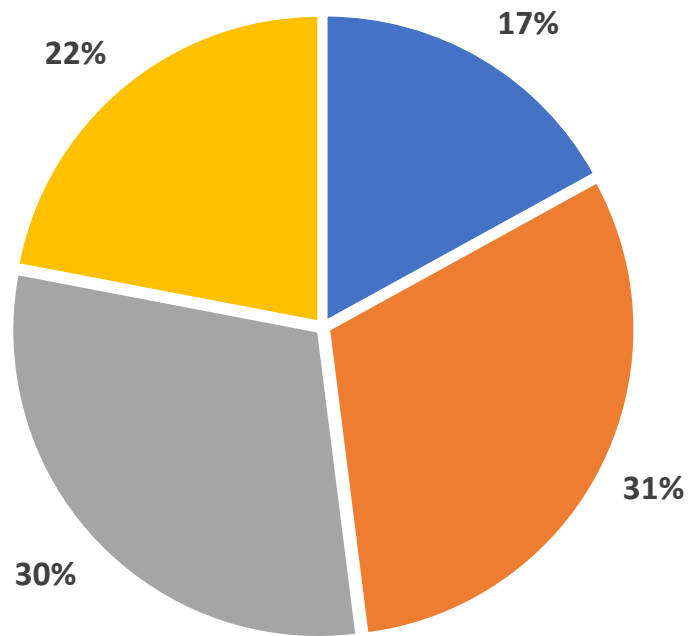
Legend: ■ Central ■ Southern ■ Northeast ■ Western

Top 10 States (by volume of applications)		
Host State	**Count of Applications**	**Region**
California	63,257	West
New York	41,899	Northeast
Texas	31,826	Southern
Florida	28,494	Southern
Pennsylvania	23,469	Northeast
Illinois	20,805	Central
Ohio	18,792	Central
North Carolina	18,312	Southern
District of Columbia	17,540	Northeast

Top 10 States = 61% of all applications

Mentorship Opportunities

Percent reporting connecting with anyone during away rotation who may be a professional mentor in the future

- Yes
- No
- Undecided

30.3%

43.5%

26.2%
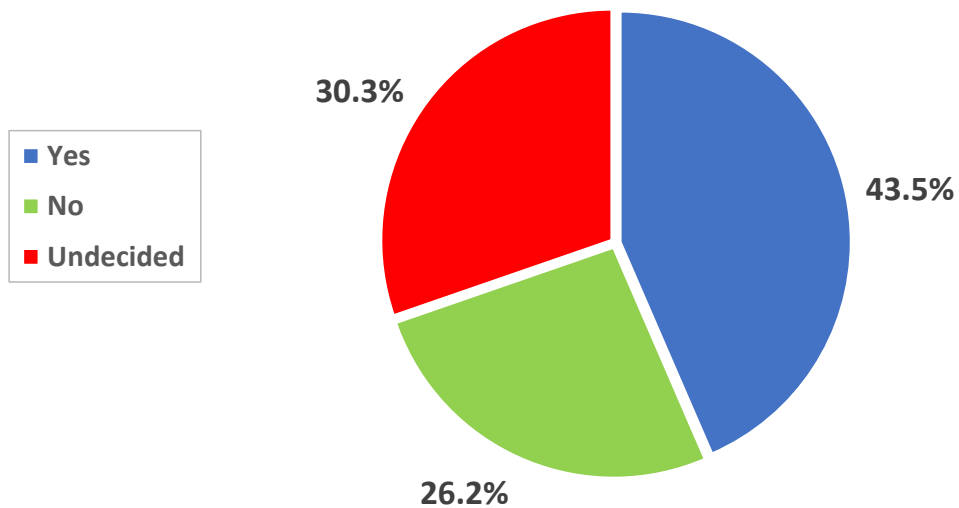
Student Comments About Rotations…

I had a great experience with away rotations I think the hardest part was figuring out how to find affordable housing

I enjoyed this virtual rotation which allowed me to explore a specialty not offered at my school   Very supportive learning environment

I enjoyed my time The residents were very supportive and great to work with Great teachers Felt very welcomed

I completed this rotation to learn about ENT rather than as an audition for ENT residency

Had a fantastic time was well supported and able to determine how well I would fit into this program for residency

Great location for training Wish was more open for visa support for graduates requiring it

Great institution and preceptors but could use a lot more structure for visit medical students

Experience allowed me to have an opportunity to see pediatric patients with the resident and learn from the attending

Excellent rotation Preceptors were amazing Would definitely recommend to other people

Excellent location and teaching Process for applying and accepting the away rotation was fairly simple   It was wonderful

Excellent experience advanced my EKG knowledge and interpretation by quite a bit   it was great that it was virtual

Very well put together course   Excellent attendings excellent residents team felt like a valuable part of the team

Dr Patel was a great mentor and teacher I learned a great deal from him   Great urology intro I m going into IM

It wasn t well structured to maximize learning   Great away experience Felt very involved

COA provided an excellent learning environment I made many friends that I consider mentors

Loved it

Ascension has an excellent orthopedic surgery residency and it would be a dream come true to match here

This was the most worthwhile rotation   Excellent rotation   Great site and overall great experience

Great to see inpatient oncology   Amazing teaching faculty

It was one of my best experiences of my life   Amazing Faculty and residents   It was a helpful refresher for my upcoming residency

Enjoyed being able to see the inner workings of the hospital and was able to learn more about the program from the residents

Great experience at HUMC Would recommend to other students interested in pediatrics

great experience overall poor communication from coordinator

Great rotation Enjoyed working with the attendings and residents   Really great rotation So organized and hands on

Great rotation Was after matching though so residency programs played no part in it

I appreciate that this rotation experience was customized to meet the date range and specialty interest area I was seeking

I felt very welcomed by everybody at the institution and I would advise anyone considering a rotation at UC to definitely go

I loved this rotation as far as getting used to critical patients and the icu setting

I really enjoyed this experience It was well organized Faculty and guest lecturers were excellent

I really loved my time in Cincinnati and it really made me want to rank this program higher

I thought it was a great rotation with high acuity and a great academic setting

Interventional radiology is very hard to get a rotation in if your institution doesn t have a program

AWAY ROTATIONS: CLASS OF 2021

- The **COVID-19 pandemic** restricted medical students' in-person clinical experiences and disrupted away-rotation opportunities. In 2020-2021, schools and specialty organizations supplemented in-person away rotations (ipARs) with innovative, new virtual away rotations (vARs). We assessed how individual and school characteristics were associated with completion (versus none) of one or more ipARs and one or more vARs.
- 15,451 class of 2021 graduates completed the AAMC Graduation Questionnaire (GQ) items of interest (see below).
- Among these GQ respondents: consistent with national guidelines recommending limited ipARs, there was a low prevalence of ARs overall (18%) and of ipARs in particular (10%). In bivariate analysis, specialty, sex, and community-based school attendance (each P<.001) were associated with each of ipAR and vAR; school region and race/ethnicity were associated with ipAR (each P<.001) but not with vAR (each P > .05).
- As shown on the right, school region and community-based school attendance were independently associated with a higher odds of ipARs. Findings also varied significantly by specialty.

GQ-21 survey item asking about completion of any away rotation, in-person or virtual

Logistic regression results showing odds of in-person away rotation(s) among 15,451 AAMC 2021 GQ respondents
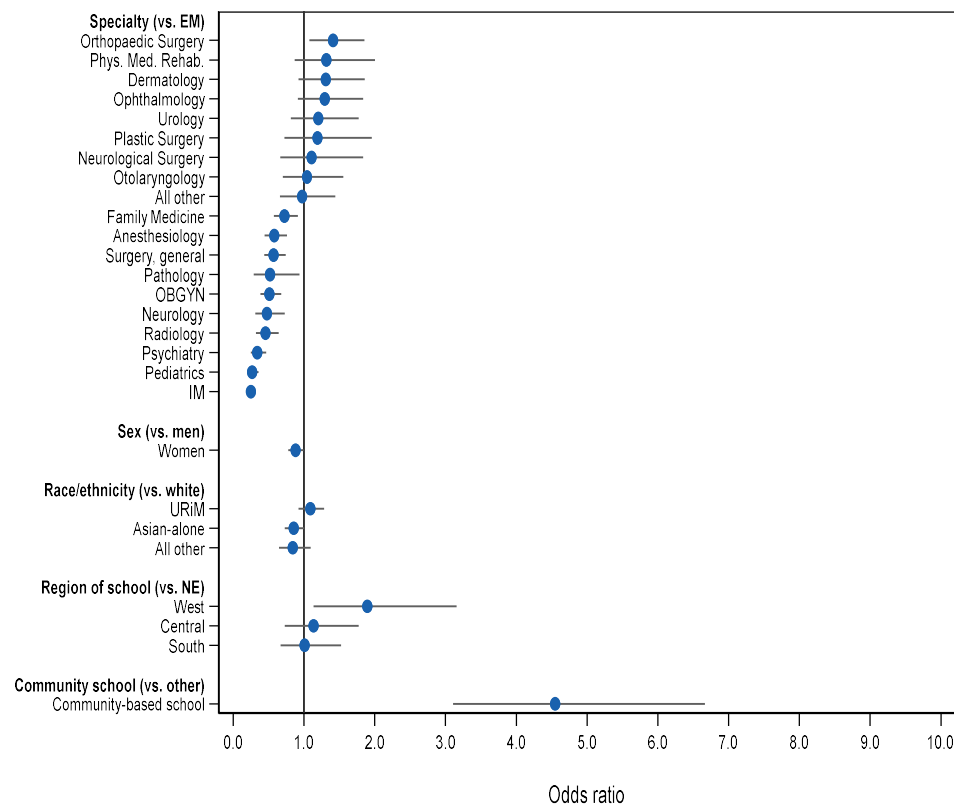
Sample Investigations & Innovations

- **Alliance for Academic Internal Medicine** (AAIM) Ideal State TF will provide recommendations on away rotations through an equity lens and have formulated a draft SEL for Away Rotations (SEL FAR) modeled after the IM SEL Template format.

- **American Medical Association** (AMA) advocates for equity in access to away rotations for DOs (including equal fees to those charged to allopathic students)

- **Association of Pediatric Program Directors** (APPD) houses and disseminates all special programs for M4s doing away rotations, many with a focus on URiM applicants

- **Association of Native American Medical Students, Association of American Indian Physicians** funds away rotations for URiM students with mentorship from URiM faculty; Institutions invited and attend our yearly society conference to spur interest in their away rotations

Holistic Review

Holistic Review refers to mission-aligned admissions or selection processes that take into consideration applicants' experiences, attributes, and academic metrics as well as the value an applicant would contribute to learning, practice, and teaching. Holistic Review allows admissions committees to consider the "whole" applicant, rather than focusing on any one factor.

Sample UGRC Recommendations:
- Specialty-specific salutary practices for recruitment to increase diversity across the educational continuum should be developed and disseminated to program directors, residency programs, and institutions. (UGRC #4)
- Members of the medical educational continuum must receive continuing professional development regarding anti-racism, avoiding bias, and ensuring equity. Principles of equitable recruitment, mentorship and advising, teaching, and assessment should be included. (UGRC #5)

The **AAMC Holistic Review Framework™** and its component parts provide the scaffolding upon which you can build a strategically sound resident selection process.

The Framework is a flexible and strategically focused way to operationalize a holistic selection process. Although originally designed for medical school admissions, the AAMC has adapted it for residency selection.

The framework incorporates three core principles at all stages of selection – **screening, interviewing, and creating rank order lists**. These core principles:

• Emphasize the importance of giving **individualized consideration** to every applicant;

• Provide **operational guidance** for developing mission-driven, diversity-oriented processes; and

• Encourage applying a **balanced approach** to assess the experiences, attributes, competencies, and academic metrics of each candidate

Experiences are defined as the path that applicants have taken to get where they are and the context in which these experiences have taken place.

Attributes include applicants' skills, abilities, personal qualities, and relevant demographic factors. This might include things like intellectual curiosity, cultural humility, proficiency in more than one language, or demographic factors like ethnicity, gender identity, and socio-economic status.

Metrics include the qualitative scholarly and academic components of an applicant's portfolio – things such as MSPE, publications, and Step scores.
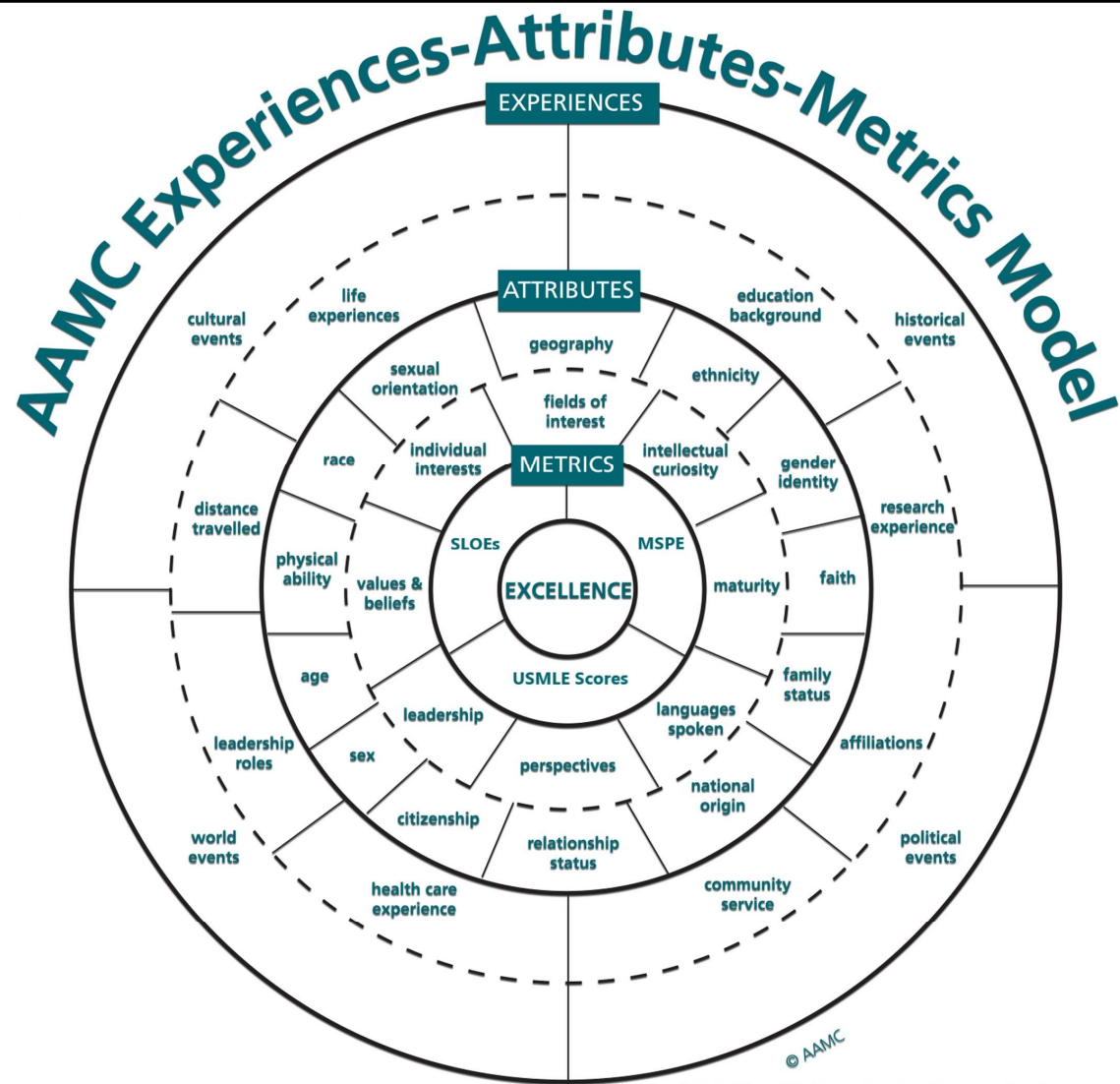
AAMC Experiences-Attributes-Metrics Model

EXPERIENCES
ATTRIBUTES
METRICS
EXCELLENCE

cultural events
life experiences
education background
historical events
sexual orientation
geography
ethnicity
fields of interest
race
individual interests
intellectual curiosity
gender identity
distance travelled
research experience
physical ability
SLOEs
MSPE
values & beliefs
maturity
faith
age
USMLE Scores
family status
leadership roles
leadership
languages spoken
affiliations
sex
perspectives
national origin
world events
citizenship
relationship status
community service
political events
health care experience

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Common Misperceptions or Myths About Holistic Review

A holistic selection process…

- Is not "making up for previous injustices"

- Is not a quota system

- Does not lower standards, it expands them

- Does not ignore academic metrics; rather, considers metrics in the context of an applicant's entire portfolio

Sample Services & Innovations

- Holistic review workshops (on request)
- Holistic Review in GME primer (on our website)
- ACGME *Equity Matters* Modules on holistic review
- Convening innovators in GME
- Collaboration with University of Texas Health Houston McGovern Medical School to develop applied workshop activities
- Collaboration with ERAS team to incorporate holistic principles into webinars and to provide materials and resources to PDs

Collaborators

- AAMC
- AACOM
- ACGME
- Innovative Members and Constituents
- Various Specialty Organizations

- Programs want to learn more about applicants' context, experiences, and backgrounds and rely less on USMLE test scores (metrics);

- Holistic review is a common concept in medical school admissions, but a relatively new practice in GME. Although a growing interest, there remains a lack of a shared mental model or understanding of holistic review in GME;

- Program staff lack the tools (e.g., application questions/content, other assessments, data) and resources (e.g., time, people) they need to implement holistic review in a high-application volume environment;

- Applicants don't always know how to share relevant context, background, experiences or trust that programs will use the information in equitable ways, a perspective often shared by those advising them;

- Applicants lack sufficient information about programs' mission, goals, criteria, and cultures, environments to apply to programs well aligned with their own goals and values.

Sample Investigations & Innovations

Association of Pediatric Program Directors (APPD) has supported a holistic review process for several years. Their annual meetings and virtual cafes (online) have given many workshops and didactic sessions on how to develop a holistic review process for residency coordinators, program directors and intern selection committees/directors.

AADPRT American Association of Directors of Psychiatric Residency Training (AADPRT) encourages members to engage in Holistic Review of residency applications and interview.

Program Directors Council, Association of University Professors of Ophthalmology is getting rid of traditional personal statement and adding short essays asking questions about how applicants would add diversity to the class, describing a time when they demonstrated resilience, what values are most important to them if they had to start their own medical school, etc. They are also implementing situational judgement testing this year.

American Academy of Family Physicians with input from the Association of Family Medicine Residency Directors, the Society of Teachers of Family Medicine, the Association of Departments of Family Medicine: Workshops on holistic review are included in AAFP's Residency Leadership Summit (conference for program directors, associate program directors and program coordinators).

American Medical Association: 1. Funding APGO "Right Resident, Right Program, Ready Day One." Holistic review and resident/program compatibility. https://apgo.org/page/rrrprogram. 2. Funding modeling studies of preference signaling to reduce application burden and thus promote more candidates eligible for holistic review. "Applicants with the lowest desirability saw the greatest relative increase in their interview probability with signals." 3. AMA policy against discrimination in the review process (particularly for DO, IMG candidates).

Sample Investigations & Innovations

Alliance for Academic Internal Medicine (AAIM) IM SEL Task Force (in collaboration with AAMC) updated guidelines and created FAQ. Their proposed longitudinal study will examine *1) what barriers were encountered and what resources are needed by medical schools to implement the IM SEL; 2) from the PD's standpoint, is the IM SEL effective, how important is the data in determining "good fit" and are other data missing.* The Competencies TF will also address whether other data are missing. AAIM ERAS filters TF has provided recs to ERAS and included 4 appendices: *1) a list of most salient existing filters and how to optimize their use 2) a list of new filtering features that should be considered by ERAS 3) recs on how filtered data maybe organized to improve efficient use by PDs 4) a list of curated resources on best practices to incorporate holistic review practices in screening applicants.*

Association of Professors of Gynecology and Obstetrics (APGO) - About 20 programs in OBGYN will be using Altus as an additional tool for residency selection. They are piloting the alignment check index (ACI) which is a tool through AMA FREIDA where programs place a weight on 6 categories and the applicant does a self-assessment based on their background and experiences and get a list of programs from the highest alignment to lowest to help guide their applications.

McGovern Medical School at the University of Texas at Houston (in collaboration with AAMC) pilot tested a holistic review process for their Internal Medicine and Pediatric residency programs 5 years ago and it has been very successful. Some of the initiatives that are part of this process include: standardized interview questions; explicitly highlighting the programs commitment to diversity on interview encounters; highlighting the diversity of our campus and city; unconscious bias training for faculty involved in the resident selection and interview process; reviewing applicants that were below just a little bit below our screening cutoff based on an experiences/attribute score. This pilot has been successful and was published in Academic Medicine in 2019.

GME Program Informational Database
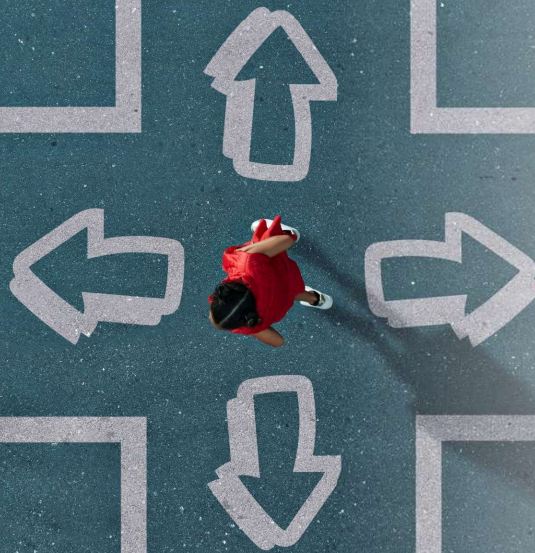
Calls to provide more trustworthy information about GME programs have been made and multiple sources of information exist that may compete, conflict, or confuse students who are searching for their future PD Program.

- There is no single shared database with comprehensive program information;
- Program data and information is not up to date;
- Applicants and advisors consistently call for increased transparency and more program information to inform application strategy;
- Programs share that some applicants do not align well or "fit" with their program.
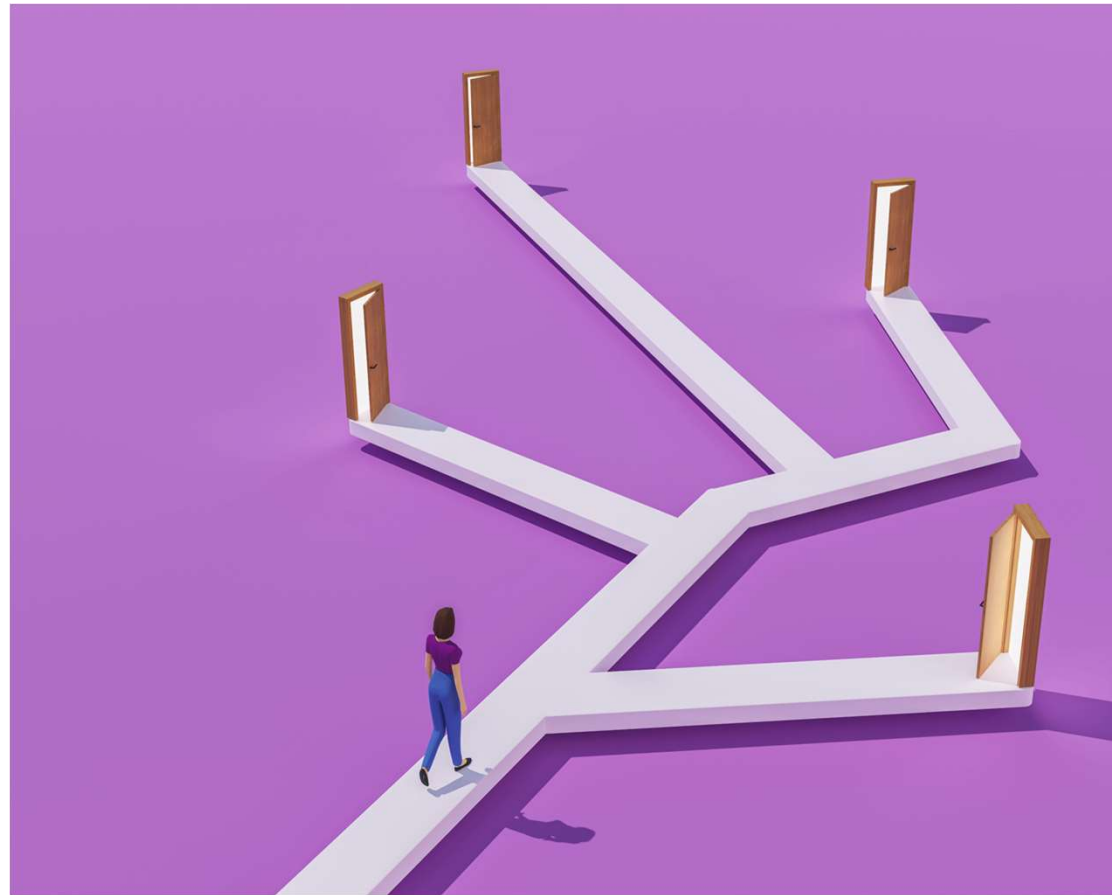
Sample UGRC Recommendation:

Create an interactive database with verifiable GME program/track information and make it available to all applicants, medical schools, and residency programs and at no cost to the applicants. This will include aggregate characteristics of individuals who previously applied to, interviewed at, were ranked by, and matched for each GME program/track.(UGRC #6)

During 2020-2021, there were **12,420 accredited programs** of which 5,486 were specialty programs and 6,934 were subspecialty programs. The total number of residents entering the pipeline reached **34,754** for the 2020-2021 academic year. Among the 2020-2021 residents entering the pipeline, 58.0% (20,159) are US LCME-accredited graduates, 22.4% (7,797) are IMGs, 19.5% (6,771) are osteopathic medical school graduates, and less than one percent (11) are Canadian medical school graduates.[1]

There are a variety of tools and resources currently available for students to explore different programs and specialties.

- Tools and resources are provided by multiple, different organizations.
- There is a lack of coordination or collaboration among organizations and data sources (with notable exceptions).
- They vary significantly in the type of data and information, source of data and information, how students can interact with them to explore programs and specialties, and their design or display.
- Several examples are shared in this gallery.

1. ACGME 2020-2021 Statistics on Graduate Medical Education and Residents. Available: https://www.acgme.org

1. **Understand Yourself**
Self-exploration is essential to a satisfying specialty choice

2. **Explore Options**
Knowing about all career options that exist ensures well-informed decisions

3. **Choose Your Specialty**
Making a career choice that makes you happy is harder than you think

4. **Prepare for Residency**
Much is involved in a the transition from applying to arriving at residency

AAMC Careers in Medicine Suite

Careers in Medicine (CiM) is a comprehensive career-program that provides students with the skills, information, and resources to choose a specialty and residency program that meets their career goals. CiM offers tools for students to help guide them through self-assessment and research about specialty and practice options. The program is designed to be used in conjunction with faculty and staff advisors at their medical school who can provide personalized advice for students in navigating the process of planning their physician career. CiM also provides resources to medical school faculty and staff to help them implement career-planning and advising programs at their school as well as prepare them for working directly with students. CiM includes:

- *Find Your Fit*
- *Four Phase Career Planning*
- *Residency Preference Exercise*
- *How to Research Residency Programs*

AAMC Residency Explorer

This free research tool allows you to research individual residency programs in 25 specialties, compare yourself to previously matched applicants and residents entering a program this year, as well as explore program characteristics across many areas of interest. Residency Explorer is the *only* tool that combines the data from six organizations in one location: Original, source-verified data from the National Resident Matching Program (NRMP), National Board of Medical Examiners (NBME), and National Board of Osteopathic Medical Examiners (NBOME); residency applicant data from ERAS; and residency program information from GME Track Survey and ACGME. It also enables you to compare your application information with previously matched applicants based on: work, volunteer, and research experiences, peer-reviewed publications, and USMLE or COMLEX-USA scores.

AACOM Post Doc Guide developed by AOGME

 An informative tool to explore residency or fellowship options. Drill down by specialty, program location and program type to discover the right program to ...eeds.

AMA FRIEDA

 FREIDA™ Allows you to search for a residency or fellowship from more than 12,000 programs - all accredited by the Accreditation Council for Graduate Medical Education (ACGME). You can use filters such as: specialty, location, program type, special tracks, total positions, % by applicant type, first year salary, average work hours per week. Visit Find your perfect program with FREIDA™ - YouTube for a demo.

Doximity Residency Navigator

 Built from Doximity's network of more than 80 percent of all U.S. physicians, Residency Navigator leverages insights from a survey and CV analysis of current residents and recent alumni. Additionally, Doximity members have contributed nominations, ratings, and hand-written reviews to help medical students find the right training program.

Orthopaedic Surgery Residency Information Network (ORIN)

 An informative tool to explore Ortho programs. You can use filters such as: location, USMLE scores, COMLEX scores, number of residents, % URiM Residents, % Female Residents, and Length of Training.

Residency Swap's Residency Programs List

Residency Programs List is targeted at providing information about soft and hard USMLE cut-off scores, characterization of current residents, previous match statistics, required months of U.S. clinical experience, hands-on USCE requirements, time since graduation preferences, first attempt passing, additional program-specific requirements for U.S. graduates and IMGs. It also collects information about not well-known programs that accepted IMGs and new programs that are willing to accept IMGs and ranks programs by probability to be inclined towards a certain IMG candidate.

Texas Star powered by UT Southwestern

Texas STAR acts as an information clearinghouse for participating medical schools that complete the annual survey. Recently matched fourth-year medical students provide real data about: their own application components (board exam scores, Quartiles, Membership in honorary societies, Publications, Volunteer experiences, etc.), programs they've applied to, which programs they received interview offers to, and which they did not, and ultimately which program they successfully matched with. Future students can then use this data to better target their applications to programs they are more likely to receive interviews and ultimately match with, reducing unnecessary applications, fees, time, and interviews.

Residency Applicants Specialty Google Sheets (Student Driven)

Sample Investigations & Innovations

Association of Pediatric Program Directors (APPD): #NextGenPeds and @FuturePedsRes are both sponsored/supported by APPD and COMSEP that originated as grassroots organizations by students and involve medical students and residents.

National Residency Match Program (NRMP): Extensive Match Data, Prism application, participant in Residency Explorer, and new demographic data collection.

NYU Institute for Innovations in MedED: As part of an AMA Reimagining Residency grant, we have created an *application called Navigator* that helps bridge the divide from UME to GME for both students staying locally for residency and those coming to our residency programs from elsewhere. The application has the *ability for trainees to upload and share data/portfolios* (post-match), *complete goal setting* and *individualized learning plans*, and to *schedule meetings with a "bridge" coach* who will help them make the transition. Layered onto the application are AI tools such as NLP analysis of the goal setting to *suggest relevant resources*. This app could serve as a national model for how portfolios and other data might be owned by the student but handed off to GME programs post-match in a way that is student centered.

American Academy of Family Physicians (AAFP): In process of redesigning the family medicine residency *directory for searchable program characteristics* important to family medicine candidates.

American Medical Association (AMA): 1. AMA FREIDA & Road to Residency Series; 2. Pilot of leveraging AMA databases to *track career trajectories* associated with specific educational programs

Sample Investigations & Innovations

Alliance for Academic Internal Medicine (AAIM) in collaboration with AAMC: Program Attributes Definition TF's goal was "to define meaningful and verifiable internal medicine GME program attributes" and to locate an existing database that houses most of this existing, confirmed data and partner with their developers to enhance the platform. The idea is to **promote a single repository** that students and advisory would navigate to **locate those programs that have the infrastructure and offerings that match a learner's career trajectory**. The AAMC Residency Explorer (RE) platform was identified as the "go to" site for program information, since the platform pulls data from many systems (ex. GME Track Survey, NRMP match data, FSMB, etc.). The TF and AAMC have had a few exchanges, and their (the TF) recommended list of program characteristics have been shared with the AAMC Residency Explorer staff. AAMC confirmed what among the list is in RE and what could potentially be integrated into RE. ERAS was represented in our discussion, and they shared their Supplementary Application's Research Only inventory. The TF reviewed this and will recommend what elements in that inventory could be incorporated into RE.

Association of Native American Medical Students, Association of American Indian Physicians: 1. Institutions invited and attend our yearly society conference to provide info about their GME programs and examples of support for URMs; 2. Conference attendance funding by home medical school to help conference attendees gain information about GME programs and away rotations

Interview Protocols

The interview process for residency positions is highly variable, time consuming, and costly.

There is a lack of coordination across specialties regarding the structure, function, preparation of interviewers, and expectations for interviewing across specialties and institutions.

In recent years, the costs borne by individual students fell within a range of $1,000 to $13,225 with a median value of ~$4,000.[1]

Sample UGRC Recommendations:

- Develop and implement standards for the interview offer and acceptance process, including timing and methods of communication, for both learners and programs, to improve equity and fairness, to minimize educational disruption, and to improve wellbeing. (UGRC #22)

- Implement a centralized process to facilitate evidence-based, specialty-specific limits on the number of interviews each applicant may attend. (UGRC#24)

1- https://students-residents.aamc.org/financial-aid-resources/cost-interviewing-residency

Sample Topics:

- Standards for interview offers, including release dates, response time

- Virtual, In-Person, and Hybrid Interviewing

- Best practices for Interviewing, including implicit bias training and behavior-based questions

- Interview caps

- Application caps

- Supplemental Application Content

- Preference Signaling
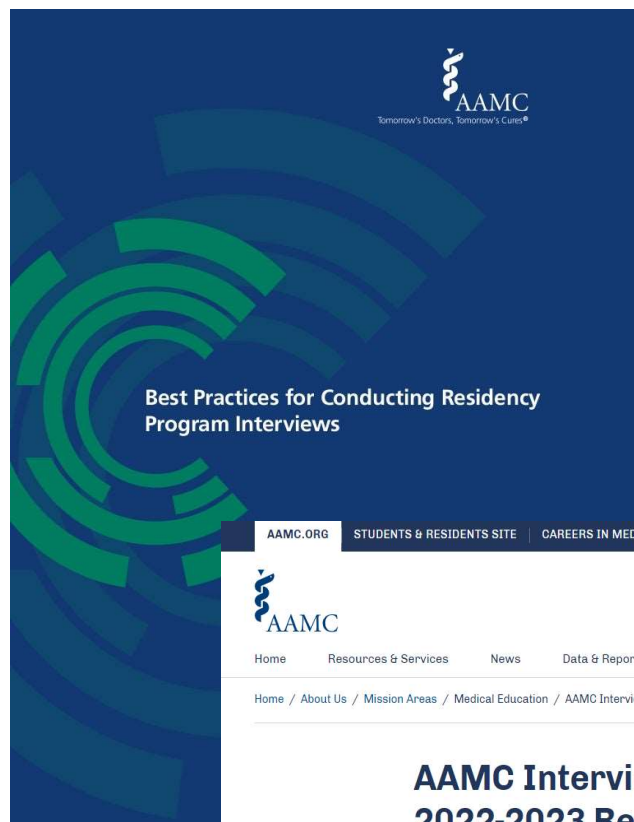
This guide describes interview best practices to assist with implementing valid and fair interview processes.

The information in this guide is divided into two sections:

• Section 1: Structuring Your Interview Process—A Program Director's Guide provides an overview of the current state of research and best practices in selection interviews

• Section 2: The Resident Applicant Interview—A Practical Guide for Faculty provides practical information on conducting interviews, including helpful tips and traps to avoid.

Because students rely on predictable, common practices across schools and programs as they prepare to transition to residency, this guidance will reduce unnecessary confusion, stress, and inequity among students while promoting a more successful residency selection process for all.

This guidance is intended to add to, but not supersede, the independent judgment of a medical school, sponsoring institution, or residency program.

In-Person and Virtual Interview Research

In collaboration with the UME-GME communities, AAMC plans to develop a multi-organization research collaboration to explore key aspects and outcomes of in-person and virtual interviews.

Interview Caps

Ophthalmology is exploring the use of interview caps to limit number of interviews an applicant can accept. AAMC is pursuing an agreement with the specialty and San Francisco Match to research and evaluate their pilots.

Interview Offer Protocols

Some specialties have established standards and timelines for managing the application/interview recruitment process.

Application Caps Research

AAMC is collaborating with select specialties to explore the use of application caps within a specialty. Research in 6 specialties initially with additional specialties to come.

Non-ERAS Preference Signals

ENT, Plastics, and Urology have initiated and implemented their own PS process outside of ERAS. AAMC is collaborating with ENT to evaluate their pilots.

ERAS Supplemental Application

Specialty	Experiences	Geo. Preferences	Prog. Signals
Adult Neuro	Yes	Yes	3
Anes	Yes	Yes	5
Derm	Yes	Yes	3
Diag/Int Rad	Yes	Yes	6
EM	No	No	5
GS	Yes	Yes	5
IM	Yes	Yes	7
IM/Psych	Yes	Yes	2
Neuro Surg	Yes	Yes	8
OB	No	No	3 gold/15 silver
Ortho Surg	Yes	Yes	30
Peds	Yes	Yes	5
PM&R	Yes	Yes	4
Prev Med	Yes	Yes	3
Psych	Yes	Yes	5

The *ERAS Supplemental Application* allows applicants to share previous experiences and interests while providing:
- Information about their most meaningful experiences;
- Geographic information by region and urban/rural setting; and
- Program signals

15 specialties are participating for the 2023 cycle.

Sample Investigations & Innovations

Alliance of Academic Internal Medicine: The AAIM Interview Standards TF residency and fellowship guidelines encourage better communication regarding timing of interview offers. They recommend future discussion of uniform offer days or weeks in internal medicine, but for now are recommending individual programs communicate what their plans are.

American Medical Association (AMA): Funding APGO "Right Resident, Right Program, Ready Day One." Specialty-wide coordinated interview offer and acceptance process.
2. Funding modeling studies of preference signaling to improve interview offer process.

National Residency Match Program (NRMP): Implemented position statement and are working on Match policies addressing high-level requirements for programs and applicants.

Association of Program Directors in Surgery (APDS) has been very active (with Jen LaFemina at the helm) on working with AAMC with the signaling plan and supplemental applications. We additionally have recommendations for interviews that consider the need for smaller and independent programs to have in-person events.

Association of Professors of Gynecology and Obstetrics (APGO): For the fourth year, we have recommended standards for the application and interview process including:
• Application deadline of 10/1/2022
• Interview offers released on 10/25/2022
• Interview offers limited to the number of interview spots
• Allow applicants a minimum of 48 hours to respond to interview offers
• Interviews occur no earlier than 10/31/2022
• Notify applicants of final status (e.g., waitlist, rejection) by 12/2/2022
• Virtual interviews for all applicants

Sample Investigations & Innovations

Program Directors Council, Association of University Professors of Ophthalmology: interview cap at 15 (was 20 in 2020, 18 in 2021, and this year was further reduced to 15)

American Academy of Family Physicians with input from the Association of Family Medicine Residency Directors, the Society of Teachers of Family Medicine, the Association of Departments of Family Medicine: Family medicine academic organizations are considering proposals for 2023-2024: 1) ERAS Supplemental Application to include preference signaling (and if so, what number of signals); 2) Voluntary defined dates for programs to release interview offers with 48 hours for candidates to respond, and a "final" notification date for programs to notify candidates about waitlist or decline; 3) Optional "second looks" decoupled from program rank list process.

NYU Grossman School of Medicine, Institute for Innovations in Medical Education: We have created a computer model for the interview offer and acceptance market, including preference signals in that market. Using data from the ENT signaling market we can model the impact of varied signal numbers on interview distributions and inequity.

Transition to Residency Workshop Final Voting

This section captures the workshop attendees' final votes for priority next steps within future action plans.

Away rotations

Action	Votes
Gather data (inventory of existing data, specialty-specific data by institution) Student experience, GQ, and DO students	25
Determine the purpose/priorities and draft for future environment (types, learner groups)	14
Recommendations for cost burden	13
Clear specialty definitions for students (how many are needed and why) and programs [letter of recommendation (ROLs), interviews]	12
Investigate and implement specialty-specific caps	3
Gather leaders of specialties who require aways with UME leaders (like registrars, etc.)	1
Specialty-specific OSCEs in place of aways	0
Describe purpose of rotations in VSLO and ask student request in application	0

GME database

Action	Votes
Single Database of All Programs	20*
Database addressing different phases of the residency application process including basic demographic information. Consider links to resident contact information and VSLO rotations (one-stop shop, e.g.: MSAR) Where do residents go after training? (fellowship, private practice, etc.)	14
Standardized questions in database. Programs market Students Link to social media handles Use of technology — culture videos When considering design of database, consider other industries (home search, Yelp) and identify desired features. *Total votes for the action plan once the separate votes for the plan steps are tabulated.*	6
Consider Data Sources and Stakeholders	13*

Stakeholders: AACOM, AAMC (ERAS/GME Track), NRMP, ACGME, AMA, learners (students, residents), subspecialties/fellowships Sources: Objective, Self-reported/integrated Types: Patient safety, quality metrics, CMS Demographics (faculty, residents, patient population)	12
Consolidate Data Collection Consolidate data/survey collection for programs Collect information from programs and residents about "feel" Resident Readiness Survey Consider ways to verify student/resident comments and experiences Qualitative --> Quantitative	1
Rethink Program Missions Toolkits and trainings on how to create missions Self-study and new programs as examples Forced ranking, pull-downs Learn from Altus, Doximity, etc.	12
Create an Inventory of Available Databases Understand what data is currently available Consider Pros/Cons of data and databases Identify Gaps/Value (i.e., of the available data, what is value add, what is missing) Identify MVP or immediate opportunity	10
Define "Success" or "Thriving" in Residency Program data should help answer two questions: Will I be satisfied/thrive? Should I apply? Conduct research to identify what it means to succeed or thrive in residency to inform what program data will be most valuable to applicants. For example, career satisfaction — alignment with skills, values, and interests	7
Conduct focus groups and surveys to determine key information to be shared Include applicants/students, advisors, and PDs Where are there gaps? (all) What can be shared? (program)	0
Collect critical information re: URiMs and other specific groups Needs in decision-making (key domains) Accommodation needs Couples-Match data	4

SES, first generation, family situation, needs, gender, etc. Program flexibility/support (religion)	
Consider Transparency in Residency Survey Data Narrative — other ways to get resident voice Add qualitative information Acknowledge concerns (current vs. desired future state) Allow programs to respond and control narrative	1
Establish Buy-In (What's in it for me?) Value proposition for programs Pilot a specialty/programs MVP, user-friendly Dispel myths and address concerns head on	1

Holistic review

Action	Votes
Build Out ERAS Create decision support tools for programs Make all data in ERAS searchable Add fields and indices like those in AMCAS, (e.g., first gen, SES) Reduce the number of defining experiences; consider a model like AMCAS in which applicants identify their top [x] most meaningful experiences and consider enabling applicants to identify experiences by theme in order to more fully share their narrative Connect data to EACM model Study PSCA/SF application review (smaller # of statement) Enable users to enter weights on categories to rank applicants (AI) Make ERAS a one-stop shop for applicant and program users (simplify process, offer more visuals, add a calendar function, connect interview offers/data in one central system) Simplify inputs Consult applicants Help applicants better understand ability interview and match by tying the resources together/analytics	31

IMGs (need to know where to apply)	
Creation of Tools/Resources Rubrics & Modules: Effective practices by group (Specialty groups and program types) Resources — change management, evaluation, identifying who you are as a program (values, goals), implicit and structural bias, what users are currently able to do in ERAS	18
Accountability Involve ACGME as accreditation can help drive outcome; consider co-developing/branding the toolkit Research project to understand outcomes (need to build a stronger evidence base) Intentional development of material: Get community to publish exemplary and promising practices (e.g., mission alignment filters in ERAS), program-specific materials (community based/rural focus vs. academic program) What are the right metrics on which to evaluate progress and success? Highlighting wins — where is the sweet spot? AMA-RRR Grant (test, establish an advisory board, and promote findings) (specialty association - HR training - EQIP database)	12
Educate/Raise Awareness Need to map out what is needed for each group of stakeholders (e.g., deans, chairs, program directors, program coordinators, DIOs, accrediting bodies, applicants) Work with and through program specialty organizations Identify and disseminate exemplary practices Conduct pilots with specialties	8

Interview protocols

Action	Votes
(Interview) offers "traffic rules"	15

(transparent timelines, offers = slots, NRMP guidelines, multiple/standardized release dates and response times)	
Interview caps (does it impact applications or address hoarding?)	14
Virtual interviewing (Continue but review data, continue but develop ways to assess professionalism/SJT)	11
Advisor behavior (don't encourage over application, LCME impact, AOA, "bragging rights" by deans and PDs/dept. chairs as to how far they did not have to extend down their Match lists)	10
Multiple rounds of matching (early acceptance, synchronized by specialty size, limit number of applications for early acceptance)	8
Communication expectations (standardize by specialty, review/enhance NRMP guidelines, no letters of intent from students)	7
Better data on behavior/interview process	3
Signaling (forces students to decide early, de facto for caps?)	2
Application caps	1
Governance (specialties set guidelines, institutions follow — or not)	0