AAMC
Electronic Residency Application Service®

Supplemental ERAS® 2022-2023 Application Cycle: Results of the Applicant Reaction Survey

Overview

On Oct. 4, 2022, 48,157 applicants who had started their MyERAS® application as of Sept. 30, 2022, were invited to take an online survey about their experience preparing for the 2022-2023 application cycle and completing their application. The survey took about 15 minutes to complete and consisted of questions mostly related to the supplemental Electronic Residency Application Service® (ERAS®) application. Responses from applicants who did not complete a supplemental ERAS application were not included in this analysis of the survey results. (Percentage values in tables may not total 100% due to rounding and cells with fewer than five observations. “Medical schools” includes both MD- and DO-granting schools.)

Sample

The survey closed on Nov. 1, 2022, and 7,247 applicants responded (15% response rate). Results were linked with MyERAS and supplemental ERAS application data to compare the survey sample with the applicant population. Overall characteristics of the survey respondents and the applicant population include the following:

- Ninety percent of survey respondents (the survey sample) completed the supplemental ERAS application.
- The completion rates for the Past Experiences and Geographic Preferences sections of the supplemental ERAS application and the submission rates of program signals were similar for the survey sample and the applicant population. The survey sample and the applicant population were also similar by race/ethnicity and age.
- The survey sample had more applicants who signaled interest in Internal Medicine - Categorical programs than the applicant population did. The survey sample had more women, more applicants who identified as Black or African American, and more applicants who were international medical graduates (IMGs).

Characteristics of the survey respondents and the applicant population are displayed in Tables 1-7.

Table 1. Supplemental ERAS Application Completion Rates for the Survey Sample and Applicant Population

Supplemental ERAS Application Completion	Percentage (Number) of Applicants	
	Survey Sample	Applicant Population
Completed	90% (6,495)	82% (39,503)
Not completed	10% (752)	18% (8,654)
Total	100% (7,247)	100% (48,157)

Table 2. Supplemental ERAS Application Section Completion Rates for the Survey Sample and Applicant Population

Section and Section Completion	Percentage (Number) of Applicants	
	Survey Sample	Applicant Population
Past Experiences section		
Completed	90% (5,868)	89% (35,119)
Not completed	10% (627)	11% (4,384)
Geographic Preferences section		
Completed	90% (5,856)	89% (35,153)
Not completed	10% (639)	11% (4,350)
Signals of interest in different programs		
Sent	>99% (6,471)	99% (39,235)
Not sent	<1% (24)	1% (268)
Total	100% (6,495)	100% (39,503)

Table 3. Rates of Program Signaling for the Survey Sample and the Applicant Population, by Specialty

Signaling and Specialty	Percentage (Number) of Applicants	
	Survey Sample	Applicant Population
Signal sent to		
One specialty	83% (5,401)	84% (33,153)
More than one specialty	17% (1,070)	16% (6,082)
Adult Neurology	6% (407)	5% (2,087)
Anesthesiology	6% (389)	9% (3,461)
Dermatology	2% (117)	3% (1,052)
Diagnostic Radiology and Interventional Radiology	5% (336)	6% (2,356)
Emergency Medicine	7% (446)	8% (3,138)
General Surgery	9% (614)	10% (4,070)
Internal Medicine - Categorical	51% (3,304)	43% (16,886)
Internal Medicine/Psychiatry	2% (130)	2% (624)
Neurological Surgery	1% (64)	1% (457)
Obstetrics and Gynecology	6% (407)	6% (2,470)
Orthopedic Surgery	2% (124)	4% (1,637)
Pediatrics	14% (936)	12% (4,569)
Physical Medicine and Rehabilitation	2% (127)	3% (1,134)
Psychiatry	9% (603)	9% (3,709)
Public Health and General Preventive Medicine	1% (72)	1% (396)
Total	100% (6,471)	100% (39,235)

Table 4. Gender of the Survey Sample and Applicant Population Who Completed the Supplemental ERAS Application

Gender	Percentage (Number) of Applicants[1]	
	Survey Sample[2]	Applicant Population[3]
Man	46% (2,922)	51% (19,128)
Woman	54% (3,403)	49% (18,636)
Total	100% (6,348)[1,2]	100% (37,855)[1,3]

1. Data for applicants who reported their gender as “another gender identity” or “decline to answer” are not shown.

2. A total of 147 respondents who completed the supplemental ERAS application had not provided their background information in their MyERAS application as of Oct. 3, 2022.

3. A total of 1,648 respondents who completed the supplemental ERAS application had not provided their background information in their MyERAS application as of Oct. 3, 2022.

Table 5. Race/Ethnicity of the Survey Sample and Applicant Population Who Completed the Supplemental ERAS Application

Race/Ethnicity	Percentage (Number) of Applicants	
	Survey Sample[1]	Applicant Population[2]
White	36% (2,216)	40% (14,653)
Black or African American	13% (782)	9% (3,505)
Hispanic	12% (749)	11% (4,050)
Asian	35% (2,197)	35% (13,016)
American Indian or Alaska Native	1% (34)	1% (227)
Native Hawaiian or Other Pacific Islander	<1% (10)	<1% (85)
Other	6% (379)	7% (2,424)
Total	100% (6,238)	100% (37,082)

1. Data for the 257 survey sample respondents who had not provided their background information in their MyERAS application as of Oct. 3, 2022, were excluded from analysis.

2. Data for the 2,421 applicants who had not provided their background information in their MyERAS application as of Oct. 3, 2022, were excluded from analysis.

3. Percentages add up to more than 100% because racial/ethnic minority results include examinees who may have designated more than one race/ethnicity.

Table 6. Ages of the Survey Sample and Applicant Population

Age (years)	Percentage (Number) of Applicants	
	Survey Sample[1]	Applicant Population[2]
<25	5% (290)	4% (1,670)
25-29	66% (4,099)	71% (26,358)
30-34	19% (1,195)	17% (6,477)
35-39	6% (390)	5% (1,738)
40-44	2% (133)	2% (577)
>44	1% (79)	1% (303)
Total	99% (6,186)	100% (37,123)

1. The mean age was 29 years, the median age was 27 years, and the standard deviation was 4.47 years. Data for the 309 survey sample respondents who had not provided their background information in their MyERAS application as of Oct. 3, 2022, were excluded from analysis.

2. The mean age was 28 years, the median age was 27 years, and the standard deviation was 3.96 years. Data for the 2,380 applicants who had not provided their background information in their MyERAS application as of Oct. 3, 2022, were excluded from analysis.

Table 7. Medical School Background of the Survey Sample and Applicant Population

Background	Percentage (Number) of Applicants	
	Survey Sample[1]	Applicant Population[2]
MD	39% (2,474)	49% (18,491)
DO	10% (632)	18% (6,639)
International medical graduate	51% (3,242)	34% (12,725)
Total	100% (6348)	101% (37,855)

1. Data for the 147 respondents who had not provided their background information in their MyERAS application as of Oct. 3, 2022, were excluded from analysis.

2. Data for the 1,648 respondents who had not provided their background information in their MyERAS application as of Oct. 3, 2022, were excluded from analysis.

Findings

The key findings from the survey are displayed in Tables 8-29 below. Numbers of respondents of <649 represent less than 10% of the total number, and the findings should be interpreted with caution.

The Most Important Factors Affecting Where Respondents Applied

- Applicants were asked to select the five most important factors affecting where they applied. As shown in Table 8, the five factors that most affected the respondents' decision on where they applied were the geographic location of the program, the program's close proximity to family/friends, the alignment of program strengths with career interests, a perceived good fit, and a perceived chance of interview offer. Below are the factors, ordered by reported importance (respondents could choose up to five).

    1. Geographic location of program
    2. Close to family/friends
    3. Alignment of program strengths with career interests
    4. Perceived good fit
    5. Perceived chance of interview offer
    6. Strength of program's clinical training
    7. Future fellowship training opportunities
    8. Program culture/resident camaraderie
    9. Diversity of faculty and/or residents
    10. Diversity of patient population
    11. Advice from faculty or resident mentors
    12. Program reputation/prestige
    13. Cost of living in program location
    14. Future opportunities to practice in the area
    15. Having previous ties to program

16. Strength of program's research training
17. Length of training
18. Sociopolitical factors related to access to care and/or training
19. Other
20. Length of time program has been in existence
21. Having no previous ties to program

Table 8. Five Most Important Factors Affecting Where Respondents Applied, Overall and by Specialty

Specialty	Total Number of Respondents	Percentage (Number) of Respondents Indicating the Following Factor Was the Most Important:				
		Geographic Location of Program	Close to Family/ Friends	Alignment of Program Strengths With Career Interests	Perceived Good Fit	Perceived Chance of Interview Offer
Adult Neurology	354	46% (164)	46% (164)	52% (183)	43% (153)	41% (146)
Anesthesiology	351	70% (247)	60% (211)	38% (135)	46% (160)	38% (133)
Dermatology	91	54% (49)	51% (46)	49% (45)	42% (38)	45% (41)
Diagnostic Radiology and Interventional Radiology	293	61% (180)	61% (179)	46% (134)	46% (135)	42% (122)
Emergency Medicine	399	69% (276)	52% (209)	48% (191)	45% (181)	33% (133)
General Surgery	650	53% (346)	46% (298)	49% (317)	43% (278)	45% (291)
Internal Medicine - Categorical	3,111	44% (1,379)	48% (1,491)	51% (1,583)	39% (1,219)	41% (1,267)
Internal Medicine/ Psychiatry	54	50% (27)	44% (24)	46% (25)	37% (20)	44% (24)
Neurological Surgery	52	42% (22)	44% (23)	50% (26)	38% (20)	23% (12)
Obstetrics and Gynecology	388	60% (231)	53% (204)	47% (182)	45% (173)	44% (172)
Orthopedic Surgery	109	68% (74)	52% (57)	39% (42)	53% (58)	44% (48)

(continued)

Table 8. Five Most Important Factors Affecting Where Respondents Applied, Overall and by Specialty *(continued)*

Specialty	Total Number of Respondents	Percentage (Number) of Respondents Indicating the Following Factor Was the Most Important:				
		Geographic Location of Program	Close to Family/ Friends	Alignment of Program Strengths With Career Interests	Perceived Good Fit	Perceived Chance of Interview Offer
Pediatrics	879	53% (469)	54% (471)	47% (416)	46% (406)	35% (309)
Physical Medicine and Rehabilitation	102	61% (62)	64% (65)	44% (45)	42% (43)	31% (32)
Psychiatry	539	64% (345)	50% (272)	50% (269)	47% (253)	40% (215)
Public Health and General Preventive Medicine	17	53% (9)	35% (6)	53% (9)	29% (5)	--[1]
Total[2]	6,290	53% (3,358)	51% (3,177)	49% (3,075)	42% (2,657)	39% (2,423)

1. Dashes indicate cells with fewer than five observations.

2. The results are for the 6,290 respondents who completed the supplemental ERAS application. The data for 731 respondents who did not complete the supplemental ERAS application were excluded from analysis.

Sociopolitical Factors Affecting Where Respondents Applied

- When asked to indicate the most important factors affecting where they applied, 3% of all respondents selected sociopolitical factors related to access to care and/or training. When analyzed by specialty, 15% of respondents who applied to Obstetrics and Gynecology programs considered sociopolitical factors to be the most important factors affecting where they applied.
- When asked what sociopolitical factors affected their decision, 83% of the applicants to Obstetrics and Gynecology programs selected access to abortion care and/or training and 71% of respondents selected access to LGBTQ care and/or training. When broken out by specialty, 100% of respondents who applied to Obstetrics and Gynecology programs selected access to abortion care and/or training. Results for all respondents and by specialty when the number of respondents was sufficient are displayed in Table 9.

Table 9. Sociopolitical Factors Affecting Where Respondents Applied, Overall and by Specialty

Specialty[1]	Total Number of Respondents	Percentage (Number) of Respondents[2]		
		Access to Abortion Care and/or Training	Access to LGBTQ Care and/or Training	Other Sociopolitical Factors
Emergency Medicine	17	94% (16)	59% (10)	29% (5)
General Surgery	23	65% (15)	43% (10)	39% (9)
Internal Medicine - Categorical	49	69% (34)	69% (34)	27% (13)
Obstetrics and Gynecology	59	100% (59)	78% (46)	--[3]
Pediatrics	25	84% (21)	72% (18)	20% (5)
Psychiatry	21	81% (17)	90% (19)	33% (7)
Total	191	83% (158)	71% (136)	23% (43)

1.The results were analyzed by specialty if there were sufficient numbers of respondents.

2. The results are for the 191 respondents who completed the supplemental ERAS application. The data for the 44 respondents who did not complete the supplemental ERAS application were excluded from analysis.

3. Dashes indicate cells with fewer than five observations.

Supplemental ERAS Application Participation

- Applicants who did not complete the supplemental ERAS application were asked why they did not complete it. As shown in Table 10, nearly 75% of those respondents indicated that they were not applying to a participating program.
- As shown in Table 11, 85% of respondents answered that all or most of their top programs in the participating specialties were participating in the supplemental ERAS application.

Table 10. Top Reasons ERAS Respondents Did Not Complete the Supplemental ERAS Application

Reason	Percentage (Number) of Respondents[1]
I am not applying to a participating program	74% (481)
I am no longer applying during the 2023 ERAS cycle	--[2]
I did not have time to complete the supplemental ERAS application by the deadline	14% (89)
I did not think it added value to my main application	12% (79)
I was uncertain how to highlight my most meaningful experiences	21% (134)
I was uncomfortable sharing my most meaningful experiences or other impactful life experiences	5% (30)
I was uncertain about my geographic preferences	7% (47)
Geography is not important to me	12% (78)
I was concerned that programs would overlook my application if I did not select their region	10% (62)
I was uncertain about which programs to signal	17% (110)
I was concerned that programs would overlook my application if I did not signal them	9% (59)
Other	7% (47)

1. Of the 648 respondents who selected at least one reason on this question.

2. Dashes indicate cells with fewer than five observations.

Table 11. Are your top programs (from the participating specialties) participating in the supplemental ERAS application?

Answer	Percentage (Number) of Respondents
All or most of my top programs	85% (4,943)
Half of my top programs	10% (598)
Less than half of my top programs	3% (199)
None of my top programs	1% (69)
Total	99% (5,809)

Program Signals

- As shown in Table 12, over 80% of respondents who submitted program signals responded that their signals reflected their true preferences at the time of their application.
- As shown in Table 13, 64% of respondents agreed or strongly agreed that program signals may help them be noticed by programs in which they have the most interest.

Table 12. My program signals reflected my true preferences at the time of application.

Total	Percentage (Number) of Respondents Who:					
	Strongly Disagreed	Disagreed	Neither Agreed nor Disagreed	Agreed	Strongly Agreed	Agreed or Strongly Agreed
5,925	2% (141)	5% (318)	11% (661)	40% (2,383)	41% (2,422)	81% (4,805)

Table 13. Program signals may help applicants be noticed by programs in which they have the most interest.

Specialty	Total	Percentage (Number) of Respondents Who:[1]					
		Strongly Disagreed	Disagreed	Neither Agreed nor Disagreed	Agreed	Strongly Agreed	Agreed or Strongly Agreed
Adult Neurology	372	5% (19)	8% (28)	26% (96)	37% (138)	24% (91)	62% (229)
Anesthesiology	360	6% (22)	8% (28)	20% (71)	41% (147)	26% (92)	66% (239)
Dermatology	108	--[2]	5% (5)	24% (26)	48% (52)	19% (21)	68% (73)
Diagnostic Radiology and Interventional Radiology	299	5% (16)	7% (21)	25% (75)	33% (100)	29% (87)	63% (187)
Emergency Medicine	403	4% (15)	7% (27)	24% (95)	39% (157)	27% (109)	66% (266)
General Surgery	548	5% (28)	7% (39)	28% (154)	36% (198)	24% (129)	60% (327)
Internal Medicine - Categorical	2,978	6% (171)	8% (228)	25% (744)	38% (1,125)	24% (710)	62% (1,835)
Internal Medicine/ Psychiatry	112	5% (6)	6% (7)	29% (33)	38% (42)	21% (24)	59% (66)
Neurological Surgery	57	9% (5)	--	30% (17)	42% (24)	16% (9)	58% (33)
Obstetrics and Gynecology	383	4% (14)	5% (20)	21% (81)	43% (164)	27% (104)	70% (268)
Orthopedic Surgery	108	--	5% (5)	18% (19)	44% (48)	31% (33)	75% (81)
Pediatrics	868	5% (40)	6% (56)	24% (210)	40% (344)	25% (218)	65% (562)

(continued)

Table 13. Program signals may help applicants be noticed by programs in which they have the most interest. *(continued)*

Specialty	Total	Percentage (Number) of Respondents Who:[1]					
		Strongly Disagreed	Disagreed	Neither Agreed nor Disagreed	Agreed	Strongly Agreed	Agreed or Strongly Agreed
Physical Medicine and Rehabilitation	114	--	7% (8)	24% (27)	50% (57)	17% (19)	67% (76)
Psychiatry	543	6% (30)	8% (42)	27% (144)	38% (207)	22% (120)	60% (327)
Public Health and General Preventive Medicine	57	--	--	12% (7)	44% (25)	30% (17)	74% (42)
Total	5,902	5% (289)	7% (438)	24% (1,423)	39% (2,309)	24% (1,443)	64% (3,752)

1. Respondents were asked this question for each specialty in which they signaled an interest. Eighty-five percent of respondents signaled an interest in one specialty and answered this question once. The total includes the number of respondents who answered the question once.

2. Dashes indicate cells with fewer than five observations.

Factors Affecting Where Respondents Signaled

- Applicants were also asked to select the five most important factors affecting where they signaled. The five most important factors affecting where respondents signaled (Table 14) were consistent with the five most important factors affecting where they applied (Table 8). Respondents signaled interest in programs that were at their ideal geographic location, that were in close proximity to family/friends, that were a perceived good fit, that were aligned with their career interests, and that gave them a chance to receive interview offer.
- Below is the list of factors ordered by importance.

1. Geographic location of program
2. Close to family/friends
3. Perceived good fit
4. Alignment of program strengths with career interests
5. Perceived chance of interview offer
6. Strength of program's clinical training
7. Program reputation/prestige
8. Future fellowship training opportunities
9. Advice from faculty or resident mentors
10. Program culture/resident camaraderie
11. Diversity of faculty and/or residents
12. Diversity of patient population
13. Having previous ties to program
14. Future opportunities to practice in the area
15. Cost of living in program location
16. Strength of program's research training
17. Having no previous ties to program
18. Sociopolitical factors related to access to care and/or training
19. Other
20. Length of training
21. Length of time program has been in existence

Table 14. The Five Most Important Factors Affecting Where Respondents Signaled, Overall and by Specialty

Specialty	Total Number of Respondents	Percentage (Number) of Respondents Indicating the Following Factor Was One of the Five Most Important:[1]				
		Geographic Location of Program	Close to Family/ Friends	Perceived Good Fit	Alignment of Program Strengths With Career Interests	Perceived Chance of Interview Offer
Adult Neurology	299	43% (129)	47% (140)	49% (147)	46% (139)	37% (110)
Anesthesiology	321	62% (200)	53% (171)	48% (154)	36% (114)	43% (138)
Dermatology	91	54% (49)	43% (39)	46% (42)	41% (37)	47% (43)
Diagnostic Radiology and Interventional Radiology	263	59% (156)	57% (150)	45% (119)	43% (113)	44% (116)
Emergency Medicine	349	66% (232)	47% (163)	47% (165)	47% (164)	38% (134)
General Surgery	499	53% (262)	43% (213)	45% (224)	51% (252)	45% (227)
Internal Medicine - Categorical	2,771	46% (1,267)	48% (1,317)	44% (1,224)	48% (1,342)	41% (1,126)
Internal Medicine/ Psychiatry	59	36% (21)	29% (17)	34% (20)	51% (30)	37% (22)
Neurological Surgery	45	33% (15)	36% (16)	47% (21)	44% (20)	33% (15)
Obstetrics and Gynecology	351	57% (201)	44% (153)	56% (196)	51% (179)	50% (176)
Orthopedic Surgery	101	69% (70)	47% (47)	48% (48)	37% (37)	57% (58)
Pediatrics	762	52% (395)	49% (373)	48% (365)	46% (351)	36% (272)
Physical Medicine and Rehabilitation	82	57% (47)	54% (44)	48% (39)	45% (37)	35% (29)
Psychiatry	458	62% (286)	49% (225)	50% (231)	43% (196)	45% (206)
Public Health and General Preventive Medicine	27	26% (7)	22% (6)	56% (15)	56% (15)	33% (9)
Total	5,084	54% (2,763)	49% (2,496)	48% (2,446)	46% (2,330)	40% (2,042)

1. Respondents were asked this question for each specialty that they signaled. Eighty-five percent of respondents signaled an interest in one specialty and answered this question once. The total includes the number of respondents who answered the question once.

Sociopolitical Factors Affecting Where Respondents Applied

- Three percent of respondents selected sociopolitical factors related to access to care and/or training as the most important factors affecting the program in which they signaled interest. When analyzed by specialty, 13% of respondents who signaled interest in Obstetrics and Gynecology programs considered sociopolitical factors.
- When asked what sociopolitical factors affected their decision, 71% of respondents selected access to abortion care and/or training and 60% of respondents selected access to LGBTQ care and/or training. When analyzed by specialty, 98% of respondents who signaled interest in Obstetrics and Gynecology programs selected access to abortion care and/or training as a factor. Results for all respondents and by specialty when the number of respondents was sufficient are displayed in Table 15.

Table 15. Sociopolitical Factors Affecting Which Programs Respondents Signaled, Overall and by Specialty

Specialty[1]	Total Number of Respondents	Percentage (Number) of Respondents[2]		
		Access to Abortion Care and/or Training	Access to LGBTQ Care and/or Training	Other Sociopolitical Factors
Adult Neurology	16	69% (11)	31% (5)	31% (5)
Anesthesiology	10	60% (6)	50% (5)	--[3]
Dermatology	9	56% (5)	56% (5)	56% (5)
Emergency Medicine	19	74% (14)	68% (13)	--
General Surgery	20	60% (12)	40% (8)	45% (9)
Internal Medicine - Categorical	65	60% (39)	46% (30)	32% (21)
Internal Medicine/Psychiatry	10	80% (8)	60% (6)	--
Obstetrics and Gynecology	51	98% (50)	67% (34)	--
Pediatrics	38	71% (27)	63% (27)	18% (7)
Psychiatry	24	58% (14)	71% (17)	33% (8)
Total	164	71% (116)	60% (99)	24% (39)

1. Results were analyzed by specialty if there were sufficient numbers of respondents.

2. Survey question: Which of the following sociopolitical factors affected your decision? (Select all that apply)

3. Dashes indicate cells with fewer than five observations.

Strategies for Signaling

- Respondents were asked whether the number of specialty program signals provided was sufficient. As shown in Table 16, respondents who applied to more competitive specialties and who were allotted fewer signals were more likely to answer that the number of signals was insufficient. Meanwhile, more than 20% of respondents that signaled Obstetrics and Gynecology (which allotted three Gold (highest-interest) and 15 Silver (very-high-interest) signals) and Orthopedic Surgery (allotted 30 signals) programs answered that they had too many signals.
- When asked what strategies applicants used to select which programs to signal, more than 60% of respondents signaled a mix of less competitive and more competitive programs. Results by the total number of respondents and by specialty are displayed in Table 17.
- Twelve participating specialties recommended that applicants should signal their home institutions, in-person clinical sub-internships, and/or away rotations. When asked if their programs followed the specialty policy, the results varied by specialty. As shown in Tables 18 and 19, 18%-68% of respondents indicated that their programs followed the specialty policy. A total of 26%-75% of respondents selected “Not Sure” as their response.

Table 16. The number of signals I was provided was …

Specialty (Number of Signals)	Percentage (Number) Responding:				
	Total	Too Few	About Right	Too Many	Not Sure
Adult Neurology (3)	100% (337)	67% (225)	24% (81)	--[1]	8% (28)
Anesthesiology (5)	100% (347)	49% (170)	40% (140)	--	10% (34)
Dermatology (3)	100% (97)	72% (70)	19% (18)	--	9% (9)
Diagnostic Radiology and Interventional Radiology (6)	100% (276)	47% (129)	39% (107)	--	14% (38)
Emergency Medicine (5)	100% (389)	34% (131)	56% (217)	--	10% (40)
General Surgery (5)	100% (530)	50% (265)	34% (179)	--	16% (84)
Internal Medicine - Categorical (7)	100% (2,896)	39% (1,136)	47% (1,369)	3% (89)	10% (302)
Internal Medicine/Psychiatry (2)	100% (84)	48% (40)	36% (30)	--	17% (14)
Neurological Surgery (8)	100% (50)	34% (17)	40% (20)	--	24% (12)
Obstetrics and Gynecology (3 gold, 15 silver)	100% (368)	9% (33)	53% (194)	21% (78)	17% (63)
Orthopedic Surgery (30)	100% (106)	10% (11)	36% (38)	27% (29)	26% (28)
Pediatrics (5)	100% (819)	42% (340)	47% (384)	1% (6)	11% (89)
Physical Medicine and Rehabilitation (4)	100% (102)	56% (57)	31% (32)	--	12% (12)
Psychiatry (5)	100% (508)	50% (252)	38% (195)	--	12% (59)
Public Health and General Preventive Medicine (3)	100% (44)	34% (15)	34% (15)	--	32% (14)

1. Dashes indicate cells with fewer than five observations.

Table 17. What strategies did you use when selecting programs to signal?

Specialty	Percentage (Number) of Respondents With the Following Response:[1]			
	Total	Signal programs you felt you would have less difficulty getting into	Signal a mix of less and more competitive programs	Signal programs you felt you would have more difficulty getting into
Adult Neurology	100% (326)	28% (92)	47% (154)	25% (80)
Anesthesiology	100% (346)	14% (48)	65% (225)	21% (73)
Dermatology	100% (92)	13% (12)	66% (61)	21% (19)
Diagnostic Radiology and Interventional Radiology	100% (271)	15% (40)	66% (178)	20% (53)
Emergency Medicine	100% (382)	14% (55)	59% (225)	27% (102)
General Surgery	100% (515)	18% (94)	64% (328)	18% (93)
Internal Medicine - Categorical	100% (2,808)	29% (817)	56% (1,578)	15% (413)
Internal Medicine/Psychiatry	100% (78)	23% (18)	53% (41)	24% (19)
Neurological Surgery	100% (47)	13% (6)	62% (29)	26% (12)
Obstetrics and Gynecology	100% (361)	16% (56)	78% (280)	7% (25)
Orthopedic Surgery	100% (96)	20% (19)	76% (73)	--[2]

(continued)

Table 17. What strategies did you use when selecting programs to signal? *(continued)*

Specialty	Percentage (Number) of Respondents With the Following Response:[1]			
	Total	Signal programs you felt you would have less difficulty getting into	Signal a mix of less and more competitive programs	Signal programs you felt you would have more difficulty getting into
Pediatrics	100% (800)	20% (158)	59% (471)	21% (171)
Physical Medicine and Rehabilitation	100% (95)	19% (18)	60% (57)	21% (20)
Psychiatry	100% (496)	21% (104)	60% (300)	19% (92)
Public Health and General Preventive Medicine	100% (34)	35% (12)	38% (13)	26% (9)
Total	100% (4,912)	17% (842)	64% (3,121)	19% (949)

1. Respondents were asked this question for each specialty they signaled. Eighty-five percent of respondents signaled one specialty and answered this question once. The total includes the number of respondents who answered the question once.

2. Dashes indicate cells with fewer than five observations.

Table 18. Responses to Whether Programs Followed the Specialty Policy to Signal Home Institutions, In-Person Clinical Sub-internships, and/or Away Rotations

Specialty	Percentage (Number) of Respondents With the Following Response:[1]			
	Total	Followed policy (signaled home)	Did not follow policy	Not sure
Adult Neurology	100% (323)	23% (73)	16% (51)	62% (199)
Anesthesiology	100% (337)	29% (97)	23% (79)	48% (161)
Diagnostic Radiology and Interventional Radiology	100% (270)	39% (104)	14% (39)	47% (127)
General Surgery	100% (515)	27% (141)	17% (88)	56% (286)
Internal Medicine/Psychiatry	100% (73)	18% (13)	7% (5)	75% (55)
Neurological Surgery	100% (46)	33% (15)	24% (11)	43% (20)
Obstetrics and Gynecology	100% (358)	38% (135)	19% (69)	43% (154)
Orthopedic Surgery	100% (102)	54% (55)	14% (14)	32% (33)
Pediatrics	100% (766)	37% (280)	9% (72)	54% (414)
Physical Medicine and Rehabilitation	100% (97)	22% (21)	16% (16)	62% (60)
Psychiatry	100% (481)	37% (179)	10% (49)	53% (253)
Public Health and General Preventive Medicine	100% (36)	25% (9)	--[1]	67% (24)

1. Dashes indicate cells with fewer than five observations.

Table 19. Responses to Whether Programs Followed the Specialty Policy to Not Signal Home Institutions, In-Person Clinical Sub-internships, and/or Away Rotations

Specialty	Percentage (Number) of Respondents With the Following Response:[1]			
	Total	Followed policy (did not signal home)	Did not follow policy	Not sure
Dermatology	100% (94)	64% (60)	--[1]	33% (31)
Emergency Medicine	100% (378)	68% (257)	6% (24)	26% (97)
Internal Medicine - Categorical	100% (2,737)	34% (933)	6% (168)	60% (1,636)

1. Dashes indicate cells with fewer than five observations.

Past Experiences

- As shown in Table 20, more than 60% of respondents agreed or strongly agreed that the experience types, focus areas, and key characteristics tags allowed them to showcase what was important to them. Fifty-six percent of respondents thought the “other impactful experience” essay allowed them to provide important context to their application.

Table 20. Responses to the Past Experiences Questions

Statement	Total Number of Respondents	Percentage (Number) of Respondents With the Following Response:					
		Strongly Disagree	Disagree	Neither Agree nor Disagree	Agree	Strongly Agree	Agree and Strongly Agree
The “experience types” allowed me to showcase activities that are important to me.	5,179	6% (291)	8% (417)	18% (950)	49% (2,563)	18% (958)	68% (3,521)
The “focus areas” allowed me to showcase what’s important to me.	5,166	6% (308)	11% (548)	24% (1,231)	45% (2,334)	14% (745)	60% (3,079)
The “key characteristics” allowed me to showcase my strengths.	5,166	6% (316)	10% (532)	22% (1,155)	45% (2,318)	16% (845)	61% (3,163)
The “other impactful experience” essay allowed me to provide important context to my application.	5,134	8% (391)	9% (481)	27% (1,388)	36% (1,864)	20% (1,010)	56% (2,874)

Geographic Preferences

- As shown in Table 21, nearly 80% of respondents indicated that their response to the Geographic Preferences section reflected their true preference at the time of their application.
- Table 22 shows that of the respondents who indicated they did not have a division preference, more than 43%-62% indicated that geography was not important to them or that they were concerned that programs would overlook their application if they did not select a division.
- For respondents who selected a division preference, the top factors that they considered when making their selections were close proximity to family/friends, location of desired programs, lifestyle factors (e.g., urban/rural setting, availability of public transportation, access to outdoor activities), and having previous ties to the region (Table 23).
- For respondents who considered sociopolitical factors when selecting geographic preferences, 71% considered access to LGBTQ care and/or training and 76% considered access to abortion care and/or training (Table 24).
- Table 25 illustrates that nearly 90% of respondents answered if they had the opportunity to report different division preferences to every specialty to which they applied, their responses would not have changed.

Table 21. My response(s) to the Geographic Preferences section reflected my true preferences at the time of application.

Total	Percentage (Number) of Respondents Who:					
	Strongly Disagreed	Disagreed	Neither Agreed nor Disagreed	Agreed	Strongly Agreed	Agreed or Strongly Agreed
5,128	4% (207)	4% (218)	14% (719)	34% (1,734)	44% (2,250)	78% (3,984)

Table 22. If you selected "I do not have a division preference," what factors did you consider when making that selection? (Select all that apply)

Factor	Percentage (Number) of Respondents[1]
I was uncertain about my geographic preferences	15% (314)
Geography is not important to me	62% (1,255)
Concern that programs would overlook my application if I did not select their division	43% (876)
Advice from a medical school advisor or other mentor(s)	11% (222)
Other (please specify)	4% (88)

1. Of the 2,037 respondents who selected at least one factor on this question. A total of 2,523 respondents selected "Not Applicable" and were excluded from this analysis.

Table 23. If you selected a geographic preference(s), what factors did you consider when making your selection(s)? (Select all that apply)

Factor	Percentage (Number) of Respondents[1]
Close to family/friends	87% (2,541)
Future opportunities to practice in the area	40% (1,163)
Location of desired program(s)	74% (2,145)
Lifestyle factors (e.g., urban/rural setting, availability of public transportation, access to outdoor activities)	52% (1,512)
Number of programs in the area	30% (872)
Having previous ties to region	51% (1,472)
No previous ties to region	7% (192)
Sociopolitical factors related to access to care and/or training	10% (286)
Whether I also sent a signal to preferred programs in the area	29% (847)
Other (please specify)	1% (40)

1. Of the 2,912 respondents who selected at least one factor on this question. A total of 149 respondents selected “Not Applicable” and were excluded from this analysis.

Table 24. Which of the following sociopolitical factors affected your decision? (select all that apply)

Factor	Percentage (Number) of Respondents[1]
Access to abortion care and/or training	76% (196)
Access to LGBTQ care and/or training	71% (184)
Other sociopolitical factors (please specify)	27% (69)

1. Of the 258 respondents who selected at least one factor on this question.

Table 25. If you had been given the opportunity to report different geographic preferences to every specialty to which you applied, would your responses have changed?

Factor	Percentage (Number) of Respondents
Yes	11% (548)
No	89% (4,349)
Total	100% (4,897)

Preparation

- Table 26 shows that nearly 75% of respondents spent time discussing their responses to the supplemental ERAS application with their advisors or mentors.
- The majority of respondents spent time preparing their responses before filling out the supplemental ERAS application. Nearly 40% of respondents spent up to four hours preparing their responses, and more than 50% of respondents spent five or more hours (Table 27).
- Nearly half of respondents spent up to two hours entering their responses into the supplemental ERAS application, and more than half spent three or more hours (Table 28).
- As shown in Table 29, most respondents used AAMC resources to complete the supplemental ERAS application. A total of 68%-88% of the respondents consulted with their medical school and specialty advisors, peers also applying to residency programs and/or current resident mentors, and/or program directors or faculty mentors. If they used these resources, most thought that they were useful.

Table 26. Approximately how much time did you spend discussing your supplemental ERAS application with your advisor, program director, or other mentor(s)?

Amount of Time	Percentage (Number) of Respondents
Did not discuss with my advisor, program director, or other mentor(s)	26% (1,503)
Less than 1 hour	17% (979)
1-2 hours	22% (1,259)
3-4 hours	14% (829)
5 hours or more	20% (1,158)
Total	100% (5,728)

Table 27. About how much time did you spend preparing your responses (e.g., brainstorming or drafting your responses) before you started filling out the supplemental ERAS application?

Amount of Time	Percentage (Number) of Respondents
Did not prepare my responses in advance	6% (353)
Less than 1 hour	5% (277)
1-2 hours	12% (662)
3-4 hours	22% (1,239)
5 hours or more	56% (3,188)
Total	100% (5,719)

Table 28. About how long did it take to enter your responses into the supplemental ERAS application?

Amount of Time	Percentage (Number) of Respondents
Less than 1 hour	18% (1,051)
1-2 hours	31% (1,749)
3-4 hours	23% (1,313)
5 hours or more	28% (1,611)
Total	100% (5,724)

Table 29. How useful were the following resources in helping you complete the MyERAS application and/or the supplemental ERAS application?

Resource	Total	Percentage (Number) of Respondents Who:[1]		Of the Respondents Who Used the Resources, Percentage (Number) Who Found Them:			
		Did Not Use	Used	Not Useful	Somewhat Useful	Useful	Somewhat Useful or Useful
AAMC Supplemental ERAS Application Guide	6,283	9% (575)	91% (5,708)	4% (200)	29% (1,636)	68% (3,872)	96% (5,508)
AAMC Supplemental ERAS Application Worksheet	6,220	37% (2,315)	63% (3,905)	7% (265)	32% (1,254)	61% (2,386)	93% (3,640)
Medical school and specialty advisors	6,164	32% (1,983)	68% (4,181)	13% (552)	34% (1,417)	53% (2,212)	87% (3,629)
Educational Commission for Foreign Medical Graduates	6,214	49% (3,027)	51% (3,187)	8% (255)	28% (882)	64% (2,050)	92% (2,932)
American Association of Colleges of Osteopathic Medicine	6,119	78% (4,779)	22% (1,340)	14% (181)	36% (484)	50% (675)	86% (1,159)
Peers also applying to residency programs and/or current resident mentors	6,233	12% (742)	88% (5,491)	3% (153)	27% (1,509)	70% (3,829)	97% (5,338)
Program directors or faculty mentors	6,213	21% (1,332)	79% (4,881)	6% (297)	35% (1,696)	59% (2,888)	94% (4,584)
Specialty-specific webpage(s) and/or webinars	6,198	25% (1,569)	75% (4,629)	6% (255)	39% (1,813)	55% (2,561)	94% (4,374)

1. Data for respondents who did not complete the supplemental ERAS application were excluded from this analysis.