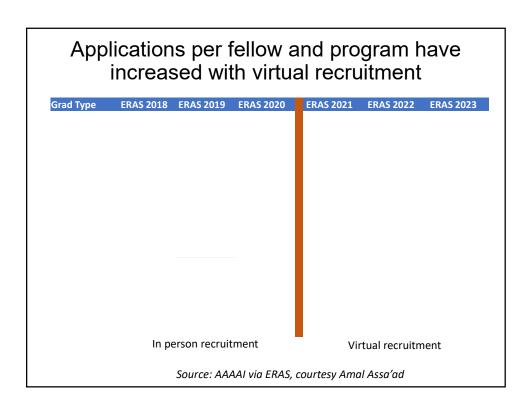
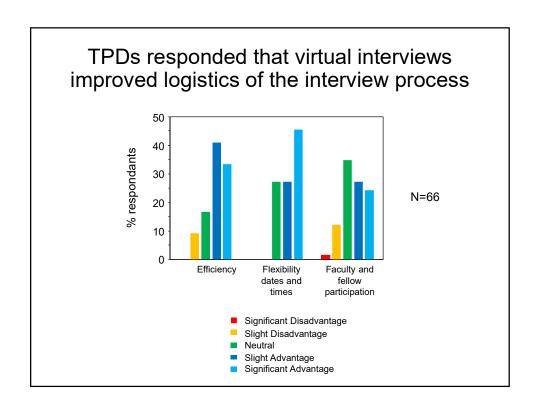
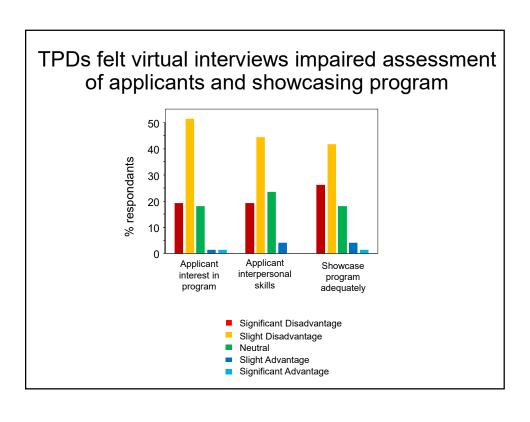
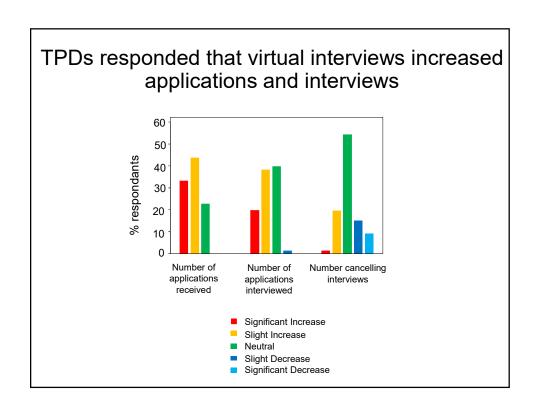
Virtual Recruitment and Program Signaling

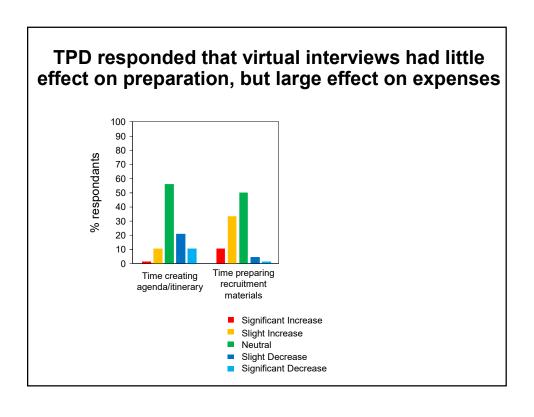
Fred Little MD (PD, Boston University)
Stokes Peebles MD (Section Chief/Associate PD Vanderbilt)

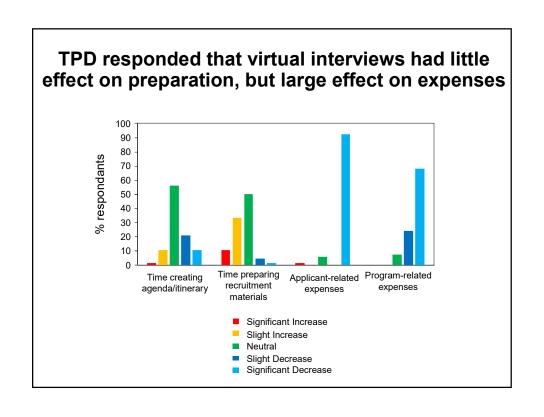


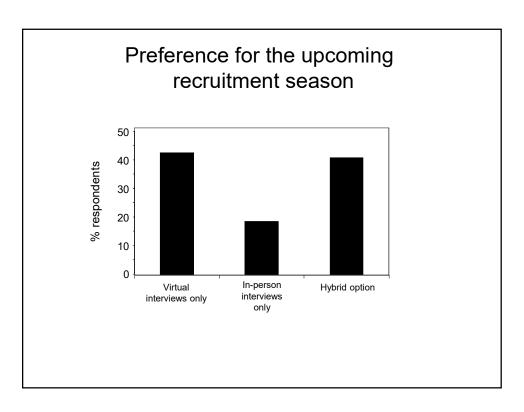




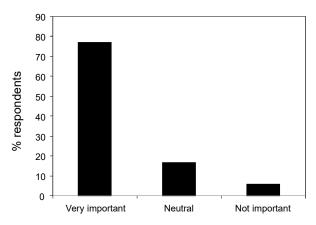








How important is it to you that all A/I training programs agree to and adopt an identical interview strategy across the country?



Virtual recruitment - impacts

- · Potential differential impacts across programs
 - Top applicants may disproportionally garner interviews at the expense of middle of the pack applicants
 - Smaller/less visible programs may have more interview offer acceptances that inaccurately reflect 'true' interest
- Likely common impacts across programs
 - Greater equity related to ease of applicants accepting interviews based on difference between residencies requesting time off for interviews
 - Lower cost for applicants travel/lodging/coverage
 - Greater number of applications to review, and likely interview
 - Easier recruitment day coordination, but more faculty needed to interview applicants if more interviews are granted

Recruitment format – key considerations

- Weighing benefit of having applicants 'vote with their feet' when selecting programs at which they will interview
 - Applicants will apply only to programs in which they have a valid interest, eliminating congestion at the top
 - Does limit exposure to programs that they might have otherwise not considered
- Varied formats may cause inequities amongst programs' abilities to demonstrate opportunities

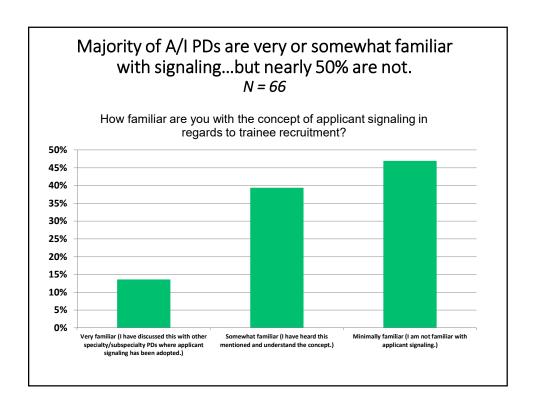
Arguments in Favor of In-Person Interviews

- If given the option, no one wants to pay for travel to interview
- Vanderbilt PGY-3 salary is \$66,743, certainly sufficient to pay for interviews (BU/BMC \$72,532)
- Benefits to the program:
 - Current fellows have the opportunity to meet their prospective colleagues in person in informal setting
 - Ability to showcase facilities and programs
 - Opportunity to spend time in the city where training might occur

Signaling: Background

- Origin in economics/game theory
- Attempt to better select job candidates to interview when there are many more applicants than interview capacity
 - Assist in differentiation of generally similar applicants
- Can be applied amongst applicants with range of competitiveness for job being considered

Source: Am J Econ Microeconom; doi:10.1257/mic.5.2.99



Grad Type	ERAS 2018	ERAS 2019	ERAS 2020	ERAS 2021	ERAS 2022	ERAS 2023
Total Applicants	i					
DO	19	20	22	20	35	39
IMG	40	59	48	67	46	52
MD	99	116	105	132	117	127
Overall	158	195	175	219	198	218
Average number	r of applications	-				
DO	29	29	34	32	44	41
IMG	32	31	37	42	37	37
MD	21	24	23	26	28	32
Overall	25	27	28	31	33	35
Average numbe	r of applications	per program				
DO	8	8	10	8	20	20
IMG	17	25	24	36	22	24
MD	29	37	33	43	42	49
Overall	53	69	66	87	83	93
		rson recrui			irtual recrui	

Current state of signaling

- 2023: 18 specialties participating* (no subspecialties)
- Part of supplemental ERAS application** available for program review concurrently with main application
 - Geographic census regions and rural/urban narrative of rationale
 - Specific program signals no narrative
 - Set number of signals ('chips') per applicant, specialty-specific
 - 3 30 (Dermatology Orthopedics), IM=7, Peds=5
 - Programs do NOT know if applicants have signaled, nor to which other programs they have signaled
 - Programs need to opt-in to receive signals, known by applicants
- No changes to NRMP rules/guidelines, NOT intended for rank decisions

^{*}Anesthesiology, dermatology, diagnostic radiology, interventional radiology, emergency medicine, general surgery, internal medicine, internal medicine/psychiatry, neurology, neurosurgery, obstetrics and gynecology, orthopedic surgery, otolaryngology, pediatrics, physical medicine and rehabilitation, preventive medicine, psychiatry, urology.

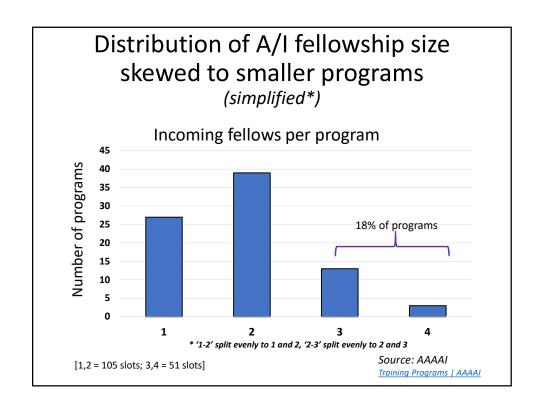
^{**}ENT signaling for '21 and '22 coordinated through ENT society, likely ERAS supplem. '23, same timing. Urology signaling (and Match) through AUA.

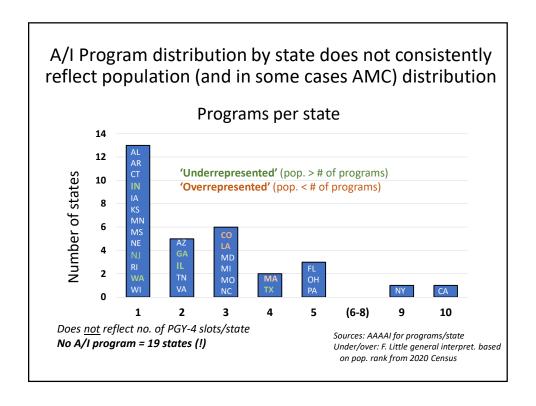
Geographic signaling

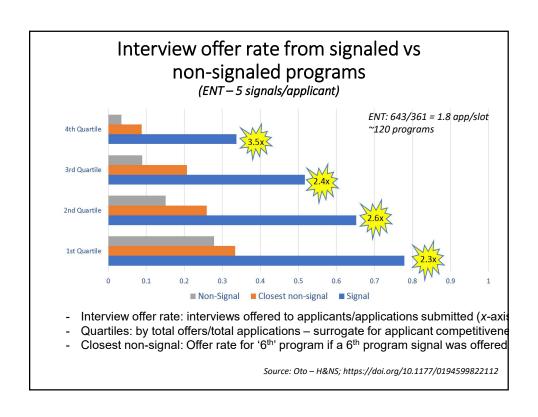
- Choose up to 3 of 9 geographic regions
 - Pitfalls large 'census divisions', correspond less to distribution of A/I programs across US (to follow)



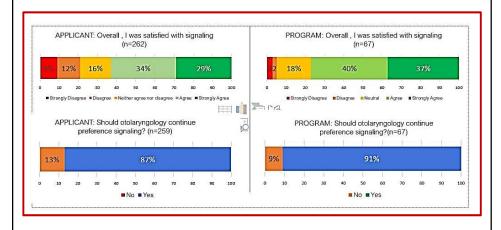
Source: AAMC







Applicant and Program satisfaction with signaling (2 year data)



Source: Oto - H&NS; https://doi.org/10.1177/0194599822112

Applicant signaling – impacts and considerations

- · General:
 - Applicants are more likely to be offered an interview at programs they have signaled (https://opdo-hns.org/mpage/signaling-updates)
 - Signaling will *not* likely move needle on applicants per program or applications per fellow 'arms race' esp. with virtual recruitment ...
 - But... should be helpful for interview selection amongst pool of similarly competitive applicants, and improve perception about number of applicants 'left behind' from interview offer due to limited interviewing bandwidth.
- Program-specific:
 - Lower impact on larger, more competitive programs, with possible applicant disadvantage
 - Applicants who have not signaled a program where majority of applicants have given signals may be less likely to be offered an interview
 - Helpful to smaller programs with lower visibility and/or limited faculty headcount with recent increase in applications/program
- All-in or not; how many program signals ('chips') per applicant?
- (F.L. opinion): Focus discussion on <u>program signals</u> over geographic/ruralurban given prior years' experiences/testimonials in other specialties
 - Geographic preferences match program signals ~85% of time (AAMC)

SUMMARY: POINTS FOR DISCUSSION

- 1. Should programs be able to decide whether to be inperson, hybrid, or virtual?
- 2. How important is it for all programs to have the <u>same</u> recruitment format?
- 3. Will applicant signaling improve applicant/program fit and be helpful for the majority of A/I applicants and programs, especially in context of virtual/hybrid recruitment?

Additional Resources

- Review article on virtual interviewing: Medical Teacher, 2022
 - https://doi.org/10.1080/0142159X.2022.2130038
- Specialties participating in signaling via AAMC/ERAS (16 plus OTO, Urology), and application guide slides
 - https://students-residents.aamc.org/applying-residencies-eras/specialties-participating-supplemental-eras-application
 - https://students-residents.aamc.org/media/12326/download?attachment
- ENT signaling outcomes 2 years (updated site)
 - https://opdo-hns.org/mpage/signaling-updates
- ED and signaling "Making our preference known..." Editorial; (West J EM Jan 2022)
 - https://escholarship.org/uc/item/93t6c7th
- Applicant signaling CON argument "Sheriff of Sodium and Winners and Losers" (J Bryan Carmody MD, Oct 2020)
 - https://youtube.com/watch?v=mo o4uT51aM&feature=share

