



# Supplemental ERAS® Application: Guide for Residency Programs

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## Overview

### Introduction

This guide is designed to help you integrate the information in the supplemental Electronic Residency Application Service® (ERAS®) application into your residency selection process. It provides an overview of the supplemental application, outlines the timeline for accessing supplemental application information, and provides a summary of the information that will be reported to programs. The guide also provides guidance on appropriate use of supplemental application information during the selection process and highlights evaluation results from the 2022 ERAS cycle, which included three specialties (Dermatology, General Surgery, and Internal Medicine) and over 20,000 applicants. Finally, the appendix displays all supplemental application questions and instructions.

### About the Supplemental ERAS® Application

The supplemental ERAS application is in its second pilot year and is being offered by the AAMC (Association of American Medical Colleges) as part of ongoing efforts to improve the MyERAS® application. The supplemental application features new questions that will help applicants showcase their interests and experiences to programs. This information will help residency programs better understand how applicants' interests and experiences align with their program environment, mission, and goals.

**All sections and questions within the supplemental ERAS application are optional.** No questions are required to submit the supplemental ERAS application.

The supplemental application is separate and distinct from the standard MyERAS application. It is administered online and consists of three sections:

- Past Experiences
- Geographic Preferences
- Program Signals\*

Following the first year, the AAMC evaluated the questions by analyzing responses and conducting surveys and focus groups with program directors, student affairs representatives, and applicants. Questions were revised based on the evaluation results and reviewed by program directors and student affairs representatives.

\* **Emergency Medicine** and **Obstetrics and Gynecology** specialties are participating in Program Signals only. All other participating specialties are participating in all three sections.

### Reporting Timeline

Applicants who register an ERAS token and log into the MyERAS application by Sept. 14, 2022, will receive an invitation to complete the supplemental ERAS application. **An applicant may complete the supplemental application only one time.**

Applicant responses that are submitted by the deadline (Sept. 16, 2022) will be shared with programs to which the applicant applied on Sept. 28, 2022, when the Program Director's WorkStation (PDWS) opens alongside all other MyERAS information. Applicant responses to the supplemental application submitted by the Sept. 16 deadline will remain available until the close of the application cycle (May 31, 2023).

Data for applicants who complete the supplemental application by the deadline and apply to a participating program after Sept. 28 will be updated in real time.

## Appropriate Use

To ensure that you and your selection team are using responses on the supplemental application appropriately, we encourage you to do the following:

- **Follow the ERAS Application Terms and Conditions, which prohibit the following actions:**
  - Disclosing the identity of an applicant who has indicated a geographic preference for your division or who has sent your program a signal.
  - Asking an applicant whether they participated in the geographic preference or program signaling sections, which divisions they preferred, or to which programs they sent signals.
  - Disclosing the number of geographic preferences or program signals received. This is to prevent undue pressure on applicants or unhelpful comparisons between programs.
  - Using geographic preferences or program signals when creating or finalizing the program's rank order list or the preference list created during the Supplemental Offer and Acceptance Program® (SOAP®). Geographic preferences and program signal information is appropriate for use in pre-interview screening only.

A program that is found to have violated the Geographic Preference and Program Signaling Confidentiality Rules will be considered to have violated this agreement, and in addition to other consequences may jeopardize their ability to participate in future cycles.

- **Provide training to reviewers.** Proper training ensures fair review of all applicants and that comparisons between applicants with different information do not introduce bias. Please see training resources on [the ERAS community site](#) (login required).
- **Do not overweigh these data or use them to screen out applicants.** Rather, use these data in the context of other application information and consider them as a “plus factor.”
- **Be transparent with your applicants about how the program will use information from the supplemental ERAS application.** Programs are also encouraged to share why they are using, and what they hope to learn from, the supplemental ERAS application.

## Past Experiences

### What is the Past Experiences section?

The past experiences section is intended to help applicants communicate what is most important or has most affected them and the specific qualities they will bring to a residency program. It gives program directors a more complete picture of all applicants. See the appendix for a complete list of past experiences questions.

The past experiences section has two parts:

1. **Meaningful experiences.** Applicants identify up to five meaningful experiences. For each experience applicants will be asked to:
  - Provide descriptive information, including position title, organization name, approximate start and end dates, frequency of participation, and setting.
  - Select an experience type, primary focus area, and key characteristic, as applicable.
  - Write a short essay.

2. **Other impactful experiences.** If applicable, applicants will describe any other impactful life experiences. *Programs should not expect all applicants to respond to this question.*

## What will be shared with programs?

Responses to past experiences questions will be shared with participating programs to which an applicant applies in all participating specialties except **Emergency Medicine** and **Obstetrics and Gynecology**.

Responses will be available via the supplemental ERAS application tab (“Supp App”) in the PDWS. Programs will be able to export these data; however, programs cannot filter on these data.

## Guidelines for Appropriate Use of Past Experiences Information

- ✓ **Consider the meaningful experiences all together for a more complete picture of an applicant.** Meaningful experiences should communicate what is most important or has most influenced the applicant and specific qualities they will bring to a residency program. An applicant may tag an experience to either or both of a focus area and characteristic. Consider the collection of experience types, focus areas, and characteristics tagged across an applicant’s meaningful experiences.
- ✓ **Consider the other impactful life experiences as additional context to an applicant’s journey to residency.** This question was intended for applicants who have had impactful life experiences or who have overcome challenges — such as family background, financial background, community setting, education, or general life — that affected their journey to residency and who want to share those experiences. *Approximately 30% of applicants did not reply to this question in the 2022 ERAS cycle.* Do not expect all applicants to reply to this question.

**Past experiences should complement the other parts of the application.** There may be overlap in the experiences mentioned across the application, such as within the MSPE Noteworthy Characteristics and personal statement. Applicants are instructed to provide additional insight or emphasize how these experiences have shaped who they are and what is important to them rather than repeating information.

## Geographic Preferences

### What is the Geographic Preferences section?

The geographic preferences section is designed to give applicants the opportunity to communicate their preference or lack of preference for particular geographic divisions and urban or rural settings. See the appendix for a list of geographic preferences questions.

- **Geographic division preference.** Applicants will be asked to select up to three geographic divisions they prefer or indicate that they do not have a preference. They will also have an opportunity to explain their selection.
- **Setting preference.** Applicants will be asked to indicate a degree of preference for an urban or rural setting or indicate that they do not have a preference. They will also have an opportunity to explain their preference or lack of preference.

## What will be shared with programs?

Responses to the geographic preferences section will be shared with the participating programs to which an applicant applies across all specialties except **Emergency Medicine** and **Obstetrics and Gynecology**. Programs will be able to export and filter on these data.

For programs who will view this section, the following information will be shared.

For geographic division preference:

Applicant indicated	Your program sees
Preference for your program's division	"Preference" and short essay
I do not have a division preference	"No preference" and short essay
Preference for another division	No information will be displayed
Skipped the section or did not complete the supplemental application	No information will be displayed

For setting preference, if an applicant indicates a preference or lack of preference for setting, their response and corresponding essay will be shared with all programs.

## Guidelines for Appropriate Use of Geographic Preference Information

- ✓ **Use geographic preference information only when deciding whom to invite to interview.** Applicants' geographic preference, or lack thereof, may change after they submit the supplemental ERAS application due to many factors, including changes in life circumstances, experiences on interview day, learning more about the program or area of the country, etc.
- ✓ **Consider geographic preferences as a "plus factor," not a screening tool.** Applicants should be evaluated in the context of their whole application. A preference for a geographic division is one of many pieces in the application and thus should not be given undue weight. Programs that put too much weight on any component of the application may miss the opportunity to identify applicants who could be successful in their program.
- ✓ **Do not overinterpret missing responses or use missing responses to filter or screen out applicants.** Applicants with missing information may have skipped that section, not completed the supplemental application, or indicated a preference for another U.S. Census division. Do not assume that these applicants are not genuinely interested in your program.
- ✓ **Assume applicants with geographic preferences (or lack of preference) are genuine.** Applicants consider many factors and program characteristics when deciding where to apply for residency. Some applicants may value other factors over geography, such as research opportunities, a particular specialty, or programs with access to other specific opportunities. *In the first year, more than 60% of applicants reported a preference for at least one division; 33% of applicants indicated no division preference. Nearly 70% of applicants surveyed reported that their responses to the geographic preferences section reflected their true preferences at the time of their application.*

## Program Signals

### What is the Program Signals section?

Program signals offer applicants the opportunity to express interest in a residency program at the time of application. Program signals are intended to be used by programs as one of many data points in deciding whom to invite to interview.

Applicants will be asked to send signals for each participating specialty to which they intend to apply. The number of available signals varies by specialty. Specialties determined the number of signals based on their goals for signaling, the number of programs, and the average number of applications submitted in their specialty. See the appendix for the number of signals available by specialty.

### What will be shared with programs?

Responses to program signals will be shared with the participating programs to which an applicant applies. Programs will be able to export and filter on these data.

The following program signal information will be shared:

Applicant signaled	Your program sees
Your program (if a specialty other than Obstetrics and Gynecology)	“Yes”
Your program (if Obstetrics and Gynecology)	“Gold” and/or “Silver”
A different program	No information will be displayed
Skipped the section or did not complete the supplemental application	No information will be displayed

### Guidelines for Appropriate Use of Program Signal Information

- ✓ **Use signals only when deciding whom to invite to interview.** Applicants’ interest in programs may change after they submit their initial signals in September due to many factors, including applicants’ experiences on interview day. *In the first year, more than 70% of applicants surveyed thought their program signals reflected their true preferences at the time of application. However, during focus groups most applicants shared that their program preferences changed after interview season.*
- ✓ **Consider signals as a “plus factor,” not a screening tool.** A signal is an indication of interest, not qualification. Applicants should be evaluated in the context of their whole application. A signal is one of many pieces in the application and thus should not be given undue weight. Applicants consider a variety of factors when signaling programs. *In the first year, the most common factors considered by applicants surveyed included: alignment of program strengths with career interests (67%), location of program/geographic preference (66%), and strength of the program’s clinical training (54%).*



- ✓ **Do not assume that applicants who do not signal your program are not genuinely interested in your program.** Program signals are new to most applicants, advisors, and programs. Programs that put too much weight on any component of the application may miss the opportunity to identify applicants who could be successful in their program. *In the first year, program signals were not equally distributed across programs. About a quarter of the programs in each specialty received 46% to 53% of all signals. This suggests that program signals may not have equal value to all programs, especially those that receive a large or small number of signals from their applicants.*

**Review your specialty's policy in the appendix about applicants signaling their home program or any programs at which they completed an in-person clinical sub-internship or away rotation(s) to ensure accurate interpretation and appropriate use of program signals.** Specialties have different policies for applicants signaling their home program or any program at which they completed an in-person clinical sub-internship or away rotations. All specialty-specific policy information is located in the appendix.

## How Programs Used the Supplemental Application in the 2022 ERAS® Cycle

The AAMC surveyed participating programs across the three participating specialties (Dermatology, General Surgery, and Internal Medicine) to learn how they used information from the supplemental application during the 2022 application cycle. Approximately 33% of participating programs responded. A complete summary of the program director survey by specialty is available on the [supplemental ERAS application website](#).

### Past Experiences

- In the first year of the pilot, use of the past experiences section by programs that responded to the survey varied by specialty (37% to 77%). Across specialties, these programs reported using past experience information in the following ways (ranges reflect variation across specialties):
  - As part of a holistic, initial application review (85% to 95%).
  - To help decide whom to interview (81% to 95%).
  - To prepare for the interview or to stimulate questions during the interview (57% to 74%).
- Some programs (56% to 85%) used the impactful experience essay to provide additional context to the application.
- About 43% to 62% of programs, by specialty, thought the section had the right amount of information. However, less than 40% of programs felt past experiences information was important or very important to the application process. The difficulty of working with past experiences information in a stand-alone dashboard, not the PDWS, during the first year may have deterred programs from using this information and diminished its value.
- Based on feedback from focus groups, this year some programs may place a low weight on information from the meaningful experiences section in making selection decisions, while others may find it very helpful.

## Geographic Preferences and Program Signals

- In the first year of the pilot, most programs that responded to the survey reported using geographic preferences (over 70%) and program signals (over 80%). Across specialties, these programs reported using signals in the following ways (ranges reflect variation across specialties):
  - As part of a holistic process to decide whom to invite to interview (88% to 96%).
  - As a tiebreaker in deciding whom to invite to interview (84% to 94%).
  - To prepare for interviews or stimulate questions during the interview (44% to 65%).
- More than half of programs shared that geographic preferences information, program signals, or both helped them to identify applicants whom they would have otherwise overlooked.
- Based on survey and feedback during focus groups, participating programs were likely to use geographic preferences and program signals in their selection processes. Some programs gave priority to applicants who indicated a preference for their division or who signaled them, but most programs considered geographic preferences and program signals in the context of the full application rather than in isolation.