

Pilot offers residency applicants chance to say, “Look at me”

SEP 15, 2020

Brendan Murphy

Senior News Writer

On the surface, the equation appears simple. To land a spot in a residency program you must make an impression. To make an impression, you must earn an interview. But there’s the rub: How do you earn that interview?

With students applying to an increasing number of programs annually, it’s hard for programs to gauge serious interest. An influx in applicants has introduced a metrics-heavy and inference-laden element to a key part of the process, the interview invitation.

“As the number of applications increase, it becomes more difficult for programs to carefully review each application,” said Sonya Malekzadeh, MD, director of the otolaryngology residency program at Georgetown University Medical Center. “Many programs set up triage metrics using Step 1 or Step 2 scores or AOA [Alpha Omega Alpha] designation—these objective measures are used to weed through the onslaught of applications.”

In an attempt to give otolaryngology residency applicants another way to show their enthusiasm for a particular residency program, the specialty is instituting a preference-signaling pilot program. Students who apply to otolaryngology programs in the 2020–21 cycle will be given five “signals,” designed to indicate sincere interest in a program.

Learn more with the AMA about how COVID-19 is forcing major adjustments to the 2021 residency selection cycle.

Hundreds of applicants to consider

During the 2019–2020 selection cycle, otolaryngology programs received an average of 364 applications, sending out an average of 57 interview invitations that ultimately led to an average of three positions matched, according to the National Resident Matching Program. With interviews going

entirely virtual, removing most of the cost and time barriers from the interview process, there is a fear that the number of applications could rise even further in the 2020–21 residency selection cycle.

On the applicant side, concerns about this competitive environment creates a vicious cycle. The desire to secure ample interview opportunities has resulted in a steady increase in applications. The average otolaryngology applicant is now applying to more than 60 programs.

Considering that volume on the program and applicant side, these interest signals are one more chance to stand out.

“With over 450 applications, a signal demonstrates true interest in Georgetown,” Dr. Malekzadeh said. “That compels me to look at the application more carefully. Other program director may choose to use the signals as tie-breakers when all else is equal.” Follow these four tips on video residency-application interviews.

How it works

Otolaryngology applicants can submit their five signals by early October. They are not required to send them. All programs will be notified that they have received a signal; there is no difference between the first and fifth signals listed. Programs that receive signals are prohibited from divulging the identification of applicants who have signaled.

“The initiative is meant to be applicant-friendly,” Dr. Malekzadeh said. “It’s an opportunity for students to reach out to specific programs where they have special interest, whether it’s geographic or other reason. By raising a hand and saying, ‘Look at me,’ it draws attention to their application.”

A signal doesn’t guarantee an interview, so Dr. Malekzadeh advises applicants to use them wisely. For a better understanding of where your application stands, it would be helpful to consult a faculty member at your medical school.

“It is reasonable for students to pick one or two top-tier or dream programs,” she said. “But they also need to be realistic in their qualifications and application strength. If everybody signals these select programs, program directors will be inundated with signals and unlikely to use them effectively. Signals are meant to be one of the many factors used to determine interview offers.

“Signals should be used to reach out to programs where students are competitive and have a chance of matching,” Dr. Malekzadeh added. “You want those programs to look at your application carefully.” Dr. Malekzadeh also said that the choice not use a signal with a program doesn’t mean that program

will not invite you for an interview. In the pilot year of the program, applicants are not required to use their signals.

If the pilot is successful, Dr. Malekzadeh expects it to be part of the otolaryngology residency-application annually, and possibly instituted in other specialties. From the program side, she sees it as a method to continue improving residency selection.

“We hope signaling will encourage a more holistic review of applications,” she said. “In the past, because of the sheer numbers, programs have used objective measures that don’t necessarily correlate with resident performance. We are looking at scores, and honors society memberships and number of publications. These aren’t the right metrics.”

For residency program research

No online resource contains as much information as FREIDA™, the AMA’s comprehensive residency and fellowship database, which includes more than 12,000 Accreditation Council for Graduate Medical Education-accredited residency programs, and offers a streamlined user experience.

The platform has been recently revamped to offer any user who has signed in the ability to personalize searches and nickname them so that search filters don’t need to be reapplied every time. AMA members also have the ability to take notes on programs, conduct side-by-side program comparisons, and use FREIDA’s Residency Calculator to help plan ahead for residency application expenses.