Finding the best medical residency program for you with Maya Hammoud, MD, MBA

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Featured topic and speakers

Residency applicants start submitting MyERAS applications to programs on Sept. 7. Maya Hammoud, MD, an OB/GYN professor and associate chair of education at the University of Michigan Medical School, discusses residency selection and how a new tool can help medical students find a residency program that best fits them. AMA Chief Experience Officer Todd Unger hosts.

Access the FREIDA™ Alignment Check Index (ACI) tool. Specialties interested in collaborating on a residency program Alignment Check Index (ACI) tool can email gme@ama-assn.org for more information.

Speaker

- Maya Hammoud, MD, OB/GYN professor; associate chair of education, University of Michigan Medical School

Transcript

Unger: Hello, this is the AMA’s COVID-19 Update video and podcast. Today we have a special episode dedicated to the important topic of residency selection and how shifting our approach can benefit medical students, programs and the profession. I’m joined today by Dr. Maya Hammoud, an OB/GYN professor and associate chair of education at the University of Michigan Medical School in Ann Arbor, Michigan.
She's also chief of the school's division of women's health. I'm Todd Unger, AMA's chief experience officer in Chicago. Dr. Hammoud, thanks so much for joining us today.

Dr. Hammoud: Thank you so much for having me, Todd.

Unger: Well, let's first start by setting a little context here about the situation as it is right now in regard to the residency process. A lot of students very nervous about that, some changes this year with a pass/fail in Step 1. Let's talk about, first, what needs to be addressed?

Dr. Hammoud: As anyone who is involved in residency selection knows that there is a huge number of applications. Students apply to too many places. Program directors receive a lot of applications. And it makes it very difficult for them to look through those applications in a holistic way to choose the applicants that are right for them. And we are trying to find solutions to actually make this process better for everyone involved.

Unger: Well, let's talk about that solution you've got. A way that you're advocating on that might change that. Tell us why that would be important.

Dr. Hammoud: Well, traditionally, when residency programs have looked at applicants, they looked at what they call the best applicant, which, in many places, that meant the best score or the best grades. And we do know that these are not typically predictive of who's going to make the best doctor. So we're trying to shift the conversation, advocate from the best applicant to the most aligned applicant to the program values and goals.

So while it is important for applicants to look at things like geography or other characteristics of the program, do they provide child care, what is the salary, these are kind of first look for the applicant. But then beyond that is, how do they look about where are the places that are going to align mostly with their values and passion?

Unger: Interesting. So this is about assessing fit of the candidate?

Dr. Hammoud: Yep, fit or alignment is, where does the applicant grow the most? And where is the program that's going to best be able to meet their goals?

Unger: So how does a residency program do this? And does this kind of approach—obviously, would have a lot of benefits for them. You mentioned the problem of wading through a lot of different applications and really changing the criteria. How does that benefit them?

Dr. Hammoud: Well, if you think about programs, I get a lot of applications. If we're able to really focus those applicants who best align with the values to apply to them, then up front, you are actually getting the applicants that are going to be the best for the program if we're choosing the best here as
the most aligned. So by having medical students focus their applications to them, then program directors are starting a step ahead where they know these are the applicants who really understand who they are.

It also gives the program the opportunity to say, "I'm unique at something. And this is why you want to seek me out." So programs, for example, who put a lot of emphasis on research, hopefully, they'll get the students who are very interested in research applying to them. And, again, it makes a really good fit between the applicant and the program.

**Unger:** And is that the research example you gave there? Is that what you mean by values?

**Dr. Hammoud:** Yeah, so I could be a program that focuses a lot on community health. I could be a program that focuses on research. I could be a program that really focus a lot on teaching. So it depends what my values are and what kind of residence I want to produce at the end of the day because, truly, any program that applicants go to or students end up at, they are going to get good training because they are accredited. We know that there is a requirement for the training that they're going to get. So it gets beyond that to what is unique about that place that I'm actually going to find it unique for myself to grow in and make me the best doctor that I want to be and help me achieve my goals.

**Unger:** So let's go to the other side on the student side. I guess there is, I guess, some kind of training or whatever that they want to focus on applying to, say, a lot of different schools. How would a shift toward focusing on alignment benefit them? And what are the barriers to keep them from doing that?

**Dr. Hammoud:** Yeah, I mean, traditionally, applicants have looked at rankings, U.S. World News report. They look at the activity rankings. They look at what people have said on social media about programs. They've talked to their family members, and that, again, the applicants are trying to find the best program. But we do know the best program is not necessarily reflected in those rankings for a particular applicant.

And, also, applicants, because they're worried about "Am I going to be right for this program?", they apply to a lot of programs. And in this fashion, when the applicant is able to see what programs really align best with what they're trying to accomplish, it makes it easier for them to focus their applications to those programs because they’re learning upfront what aligns with my interest, what aligns with my strengths and where is the place that I'm going to grow the best. And that is of great benefit to the applicant.

And, traditionally, most of what exists out there in terms of tools has not focused on that piece. It mostly has focused on the traditional metrics that we've talked about, like scores and grades. And this is where applicants have been able to see, do the other residents look like me in that place? Now
we're trying to take it a step further about the goals and the mission and the values.

**Unger:** So that's interesting. So we have a situation, basically, that's focused on quantity in terms of the number of applications and this metric of the best, which you outline in terms of the criteria that sit underneath something like that. And this has resulted in probably not an ideal situation for either the programs or for the students.

You mentioned an important aspect of this, which are kind of the tools, the resources, whatever it would take to be able to, let's say, operationalize looking at alignment. One of those is FREIDA, which, for those we don't know what that is, is the AMA's residency and fellowship database and, interestingly, going to be piloting a new resource in your specialty, OB/GYN, to help fill this alignment gap. Tell us how that works.

**Dr. Hammoud:** Yeah, we're very excited to be trying this out and piloting an OB/GYN. It's called the Alignment Check Index or we refer to it as the ACI. It was developed in collaboration with the OB/GYN specialty and the AMA FREIDA. And we are piloting it in the 2022-2023 application cycle.

And the tool will provide an alignment index for the applicant so they can see the list of the programs from most aligned to least aligned based on some information. And we highly encourage applicants to use that in conjunction with all the other tools that have pre-existed, such as AMA FREIDA, the AAMC Residency Explorer, the AP Residency Directory.

And you can think of this new tool, the ACI tool, as taking it a step further as an additional resource that is really going to help the applicants narrow down where to apply. And, also, this year, since OB/GYN is also doing the program reference signaling, it will help the applicants know where to put their preferences with those signals.

**Unger:** We talked about that alignment factor there. What additional factors does the ACI tool take into account?

**Dr. Hammoud:** Yeah, we asked programs to reflect on their values and interest and mission. We asked them to rank, to actually rate six categories out of 100. We asked them to, depending where they put emphasis on academic metrics, work experience, community service and advocacy, research experience, teaching experience, and background and lived experiences. So they place a weight on each one of those categories that equal to 100.

And, for example, let's take the research example again. If I'm a program that puts a lot of emphasis on research or research background, I might give 60% to that. If I don't put much emphasis on teaching, I might give it 5%.
And the opposite is true. There are some programs that don't put much emphasis on research. They might just give it 10% weight. And this really has had programs reflect on who they are and what they're trying to be.

And I'm very happy to see over 70% of our OB/GYN programs actually filled out and they're part of the pilot. So there's a large interest in this. Obviously, programs are seen as beneficial for them.

**Unger:** I see you're answering my question because any operational change is hard. I'm curious what that reaction was for this new set of dimensions, I guess, to add to the process. What was the reaction? Obviously, majority of programs are participating. So that definitely says something.

**Dr. Hammoud:** Yeah, I mean, I think our programs are really excited about this because most of the current tools are retrospective in terms of what kind of students were accepted into this program before. This is prospective, if you want to think about it, where it's like, what am I seeking in my future applicants? And I think this is why—

And, also, programs, like I said, are struggling with their own being able to go through all the applications that they receive. So to think that applicants are going to be more focused on them and on their interests and mission, this is exciting to programs. And I think this is why the huge interest in it.

**Unger:** So the program is kind of putting these weights on these different dimensions in regard to alignment. Then how does that work then on the other side in terms of the evaluation?

**Dr. Hammoud:** So the way the tool is set up, the app goes to the tool. And they do a self-assessment that they only see. And they enter some information. There are some questions. And based on that, the program gives to them a list of programs from most aligned to least aligned.

I think the easiest way to explain it, it's like a dating app. I go into my profile. I input what's important to me, what I look like, what are my experiences. And then the program had entered those from the other side. And it tells me, OK, this is your highest alignment. This is lower on the list.

So that's what's really exciting about it is that the program told me what they're seeking. I put in as a self-assessment who I am and what experiences I bring. And I get that alignment index.

**Unger:** It's funny. And I know you're joking a little bit about the dating app. But in that particular field, that's commonplace, obviously, is that values alignment in there as opposed to maybe metrics that are not, as you said at the beginning, predictive. Are applicants required to use this tool? And will residency programs see an applicant's results?
Dr. Hammoud: Applicants are absolutely not required to use this tool. We are excited to be able to provide them with an additional opportunity and tool for them to see what programs are most aligned with what it is that they're looking for. Programs absolutely do not see their score. This is to them. Actually, no one is tracking what applicants—we don't even know who the applicants are when they use the tool. It gives them the list of programs. And this is for them to use.

We do encourage applicants to share that list with their advisors, for example, because if they're trying to narrow down the list of where to apply or where to place those signals, it is helpful for the advisors to look at that list and to see. And we've already had experience with—because I advise a lot of applicants. And it's been really, really helpful to look at that list with them because there are multiple ways you narrow down where your programs are.

And this has been one additional way to actually see, really, where are the programs that I should be putting my signals on. And that has worked really well. At the same time, the programs don't see this. And, also, just because the student put a signal to a program or they find that they—those high-value alignment does not mean that the program is going to offer them any view necessarily. Again, go back to the dating app, just because I indicated that I like somebody doesn't mean that, necessarily, they need to offer me something back.

Unger: Do you find the folks that you advise have a good idea of what their values are going into this process?

Dr. Hammoud: It's been really great to watch them go through that because it's been like a coaching experience with them, where we actually sit and discuss what their values are. And the best meetings are where they come in and we talk about it. And then they put their list and there it is. The programs that they're looking at is exactly what came out of that or corresponds pretty closely. It gives them one more confirmation that, yeah, I'm doing this the right way.

Unger: So this is a pilot starting with OB/GYN residence. But one could easily see the broader implications for an approach like this to address this problem globally. Talk a little bit about that.

Dr. Hammoud: Absolutely. We are hoping that with the pilot and that other specialties will pick it up. We've already seen reaction from students on social media, saying, please, do what OB/GYN is doing for other specialties because it has helped them. And they do see the value in actually having such a tool.

And, obviously, any specialty that is interested in collaborating, they can email the AMA at GME at ama-assn.org. And I think we will be placing that email in the description of the episode. So we absolutely think that this is the way of the future. And, actually, we're pretty sure that most specialties are going to be interested in this. And, hopefully, we'll evaluate the program this year and have
information to show the usefulness of this program, of this tool.

**Unger:** Where can an applicant go to access the pilot? And what kind of time frame do all medical students need to keep in mind at this point?

**Dr. Hammoud:** Yeah, so the ACI tool can be accessed on the FREIDA home page at the freida.ama-assn.org. And then there'll also be direct link here in the episode description. The applicants can access the tool right now.

And they already became my ERAS application. The supplemental ERAS application, which actually has the preference signaling, is due September 16 at 5:00 P.M. So we highly encourage applicants to use this tool way before they decide whether they are going to place a signal, keeping in mind that deadline that's coming up on September 16.

**Unger:** Well, this is a very timely episode. I know there are a lot of concerns among students about this important thing, a lot of work that the AMA has been doing to work on that transition between student and residency. And so it's exciting to see innovation in this process. And we'll look forward to learning more about how this goes. Dr. Hammoud, thanks so much for being here.

We'll be back soon with another AMA update. You can find all our videos and podcasts at ama-assn.org/podcasts. Thanks for joining us today and please take care.

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