Meet your Match: Perfecting your application packet
Meet Your Match | Perfecting your application packet with dean Mark C. Meyer, MD

Aug 31, 2022

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From letters of recommendation to your CV, what does a complete residency application packet entail and where might students trip up? In this episode of Making the Rounds, AMA senior news writer Brendan Murphy talks with Mark C. Meyer, MD, senior associate dean for student affairs at the University of Kansas School of Medicine, about mistakes to avoid and ways you can take your application to the next level.

Speakers

- **Mark C. Meyer, MD**, senior associate dean for student affairs, University of Kansas School of Medicine
- **Brendan Murphy**, senior news writer, American Medical Association

Host

- **Todd Unger**, chief experience officer, American Medical Association

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Transcript

**Unger:** Welcome to Making the Rounds. Today, AMA senior news writer Brendan Murphy, interviews Dr. Mark Meyer, a board-certified family physician and senior associate dean for student affairs at the
University of Kansas Medical Center. He also serves as chair of the AMA Academic Physicians Section. In this episode, Dr. Meyer unpacks ways to spruce up your application packet in preparation for Match. Here’s news writer Brendan Murphy.

_Murphy_: Hello. Welcome to “Meet Your Match,” a special series on Making the Rounds. I'm Brendan Murphy senior news writer here at the American Medical Association. And today I'm very lucky to have the pleasure of speaking with Dr. Mark Meyer, senior associate dean for student affairs at the University of Kansas Medical Center in Kansas City. Dr. Meyer, it's so great to have you here. How are you today?

_Dr. Meyer_: I’m very well and thank you. Glad to be here.

_Murphy_: Well, it’s great to have you. And we’ve known each other for many years. And I'm so excited you could join us today because this is our first episode in this series and we’re going to go through the Match each step of the process as it happens for students. And you have a unique expertise as a student-facing dean. Today we are specifically going to speak to the application packet, what goes in it and what students should do as they’re finalizing it. And that includes the letters of recommendation, CV, your grades, other things of that ilk. So, let’s dig in.

_Dr. Meyer_: Very good.

_Murphy_: So, I think a good starting point here is talking about your unique expertise and experience with guiding students through the Match process and the opening stages of it. Can you tell us about that a little bit?

_Dr. Meyer_: Sure. I've had the very good fortune of serving as a student affairs dean for 22 years. And prior to that, I served five years as a residency program director in family medicine. So, I've had the opportunity to see the Match from both the residency side and now considerably so through the student side.

So, I've learned a lot, the Match has changed considerably over that time frame. And it is a very challenging, stressful time for students. So, the more information—the better information we provide students, I think the better we can help ensure a positive outcome for them.

_Murphy_: And looking at these opening stages of the residency application process, can you talk about the steps and how the ERAS, the Electronic Residency Application Service, works?

_Dr. Meyer_: Sure. The ultimate goal of the residency application process is to allow every student to have a joyous Match day which is the third Friday of March each year. Before that, on Monday of Match week is what I call melancholy Monday. Melancholy Monday, when they find out if they did not match, that leads to a process known as SOAP week, where they scramble to secure a residency
position. And that is a very stressful time.

So, I prepare our students that our goal is to avoid SOAP. SOAP is a four-letter word. And we want to do anything and everything we can in our power to prevent that, which takes us to the residency application process. There are several elements to that, one of which is a medical student's transcript. Schools upload the transcript to the ERAS program along with a medical student performance evaluation also known as the MSPE. Previously it was known as the Dean's Letter.

Central to the ERAS application process is the actual application which medical students would recognize as very similar to the AMCAS application, which they completed in their application to medical school. So, the actual application details all of their demographic information, their educational experiences, service, leadership, research experiences and various other things that contribute to who the individual student is. Also, part of the ERAS application is a student's personal statement.

And we may touch on that a little bit more. But it is very similar to the personal statement that was part of the AMCAS application. How the student arrived at their selection of a residency specialty, what they are looking for in the program and possibly what are their long-term professional aspiration.

Also feeding into the ERAS application or letters of recommendation. A unique feature of that is schools. Offices of Student Affairs do not upload letters. Letter writers themselves have to upload that letter so that there is no manipulation or conveying of any confidential information from a letter writer’s letter, before it goes into the ERAS basket, if you will. So those are the essential elements of the residency application.

Murphy: Some of those aspects of the residency application are set in stone. You talked about transcripts and letters of recommendation. You're not going to be able to tweak those last minute as we sit here a few weeks from applications opening via ERAS. What are some of the last-minute tweaks students can make?

Dr. Meyer: Well, they want to ensure accuracy of their ERAS application. Everything that is detailed in that application must be clear. For those things that may not be readily apparent to a third-party reviewer, they need to provide a succinct yet complete description of what that activity is.

For example, a community service activity may have great name recognition in our community but mean nothing to people in multiple other states where the application may go. And it really bears mentioning—accuracy, proper grammar, proper punctuation. Attention to detail is essential. And to share it, in an example, it is easier to dislike an application, dislike an applicant than it is to potentially like an applicant because that can take some work.

But if you see a grammatical error, it just makes you think how is this individual potentially going to be paying attention to detail when they're on call, they're fatigued and stressed. So, it's an extreme thing
to make that decision I know but they are looking for ways to make decisions in accuracy and clarity and preciseness is essential to having a most well-organized and competitive application.

**Murphy:** So, you mentioned this at the top of the episode that you've been on the other side of the coin. Right now, you work with students but you've also been a residency program director. So having been on both sides of the equation, can you speak to what are the most important aspects of the application and how residency programs view in application?

**Dr. Meyer:** Yeah. And let me just say, I have great respect for residency programs because it is a complex market, if you will, and residency programs can often be inundated with hundreds, if not even a few thousand applications for a relatively small number of spots at their program and they have to have a system in place to sort those. For the most part, all want to review applications in a holistic, thoughtful fashion but it is a volume issue. So, they oftentimes use what are referred to as filters. And that is never optimal because it often stands to the risk of shortchanging, a really great applicant. But they are trying to deal with volume.

So clearly some things that are low-hanging fruit—easy things to filter—unfortunately, are Step exams. Step 1, Step 2. Historically, Step 1 has had a disproportionate impact in residency decision-making. And that is poised to be changed with Step 1 this year going past/fail yet the downstream effect is unfortunately probably Step 2, which will continue to be a three-digit numerical score will probably ascend in importance. And the fundamental problem with that is students don't take Step 2 until early in their fourth year.

So, if that doesn't fall into place at a potentially competitive level, a student may in fairly short order have to reconsider what they're applying for because, unfortunately, the residency marketplace features a competitive spirit; there are finite number of residency positions in every specialty and the more competitive specialties typically have the fewest number of positions in the Match. So, a lot of things have to be aligned but clearly, you want every applicant to bolster what I refer to as portfolio through research, leadership, service, potentially outstanding letters of recommendation. Again, those letters can speak to the character, work ethic, professionalism of the applicant.

**Murphy:** That's all great insight. And this is—as you said earlier, this Match is a little bit unique in that we will still see Step 1 scores. I would ask, you mentioned earlier proofreading grammatical errors, what are some other common mistakes made in the application packet and where in that packet do they tend to fall?

**Dr. Meyer:** Yeah. Thank you for that question. And I would say a mistake that a student can often make is misjudging their little level of competitiveness. And again, I am a student advocate, I do everything in my power to help our students be successful. But the residency marketplace, it's competitive.
And if a student has—and I'll speak in the extreme—let's say a setback on a Step exam or they have to repeat a course in medical school, in many respects, that makes them less if not completely non-competitive for some of the more competitive specialties such as surgical subspecialties, dermatology. And so, if they can be a wonderful human being and a potentially future, outstanding physician, yet those are things that are probably going to eliminate them from consideration.

So, if they are not applying to a specialty where they can really leverage their strengths and minimize their weakness, in this case, a Step exam or a course, that they are prone to have a less than positive outcome on the Match. Other things that they can do to bolster their competitiveness is just to make certain that they select individuals who provide letters of recommendation that can really speak to the essence of who they are, their contribution, their sincerity conscientiousness and care of the patient, and carrying out their other professional duties.

Murphy: So, it sounds like there's a measure of self-reflection and just understanding where your strengths lie. But in terms of understanding how competitive an applicant you are, how would you recommend students go about that process?

Dr. Meyer: Yeah. That's an excellent question. Fortunately, there are a number of resources available both at the local school level as well as national. I frequently encourage our students to have conversations with program directors from the specialty that they are wanting to go into.

They can also consult with national resources through AAMC such as the Careers in Medicine as well as the Residency Explorer tool. Both of those tools can provide some information about what those specialties are looking for and, of course, AMA has an outstanding program referred to as FREIDA. It too provides very useful information that can help a student gauge what is their level of competitiveness relative to the national field.

Murphy: Yeah. And again, competitiveness is measured in different terms, but it is generally viewed as the Match rate in a specialty. Is that fair?

Dr. Meyer: Yes. And I guess the other way to look at it is, do they have—well, I guess it's the Match rate as you describe. Some specialties have few to no open spots at the beginning of Match week. So, there's little chance for students say who is unmatched in ortho to find a spot that they could potentially scramble into or SOAP into. And so right then they're immediately looking at what is the different specialty that they might be willing to compete for and hopefully be content with or at least position themselves to serve as an intern in that specialty and possibly reapply through the match the following year.

Murphy: So, as you mentioned at the top of the podcast, this episode is about how you can avoid SOAP however, you can get fruitful outcomes through SOAP. And a little plug for what we're doing here, we're going to have a SOAP episode when the time arises in March. So please stick with us as
we do these. I would say, I would ask this, the application packet can be a little mathematical. How do you show your personality? How do you show your compassion? How do you show your skills in that packet?

**Dr. Meyer:** Yeah. Another great question. And I would say principally through your personal statement because that is where your true personality, the listing of lived experiences, services that you’ve been part of, a meaningful patient encounter where you can really convey to the letter reader or personal statement reader. What makes you tick, what makes you somebody that they might potentially want in their program, that they can trust in the middle of the night and caring for a critically ill patient.

**Murphy:** And then you could, of course, build on that in the interview.

**Dr. Meyer:** Yeah. And I'll add this other tidbit. In the description of the activities in your ERAS application, service in particular, maybe you've been elected into some other areas such as Gold Humanism or Alpha Omega Alpha, AOA, those honor organizations can basically serve as an indicator that you have met a high standard under the measurables of those two honor systems and have brought some degree of recognition by your election into that.

**Murphy:** And that would generally be on the CV.

**Dr. Meyer:** Yes. The CV is typically a paper document that we keep or electronic document that we keep during our professional career. A CV is basically translated then into the ERAS application. And the ERAS application obviously allows for greater elaboration on what various experiences are. So, a CV is a helpful organizing tool so that when you sit down and start to fill out the ERAS application form itself, you have all the key elements you want to populate ERAS with right there in front of you.

**Murphy:** That's great. That’s very helpful. And if you want more information on preparing your CV, we have a wonderful story that Dr. Meyer collaborated with me on the AMA website. That should be helpful in the process of constructing one of those.

You mentioned that there is always an evolution of the match process, there are some new elements to the application, those include preference signaling and supplemental applications. Can you discuss those a little bit and what specialties—and how they are specialty specific?

**Dr. Meyer:** Yeah. It is a relatively new feature. Medical schools have had supplemental applications for many, many years. But it's a relatively new feature for certain specialties. Some but not all but there are many, likewise the signaling process. Unfortunately, ERAS which is the electronic residency application service provides an excellent information packet that is distributed to all students who register for the Match that really details what are the elements, how are they used and how an applicant can use them potentially to their benefit.
Some of the supplemental packets are listed as optional. And my advice to students is you should seize that because it’s still another opportunity for you to express an element of who you are to a residency program that may help you secure an interview. So, by all means, complete that as thoroughly completely and accurately as you can.

The signaling process is also new and it is very varied. Forgive my redundancy there. But some specialties you can list maybe two top programs, others it’s maybe 20 to 30, so it’s all over the board. As programs are starting to use this figure out how it might help and assist them in their decision-making process. But again, because it varies from specialty to specialty, I would refer students to this ERAS document as well as specialty-specific information websites or packets to learn the precise way in which that specialty is planning to use those elements in their application process.

**Murphy:** And just for background, the way the preference signaling process works is a student expresses specific interest in a desired institution that could be as many as 30 or as few as three and it’s going to vary greatly as you said by specialty.

**Dr. Meyer:** Correct.

**Murphy:** So, this comes to a question that I think a lot of students have this time of year. How many schools should they apply to? In recent years, that number has been on the rise but is it—is there a magic number? Is it case-dependent? Is it specialty-dependent? How do you counsel students on that decision?

**Dr. Meyer:** Oh, yeah. And that’s a really hard question. And it truly can vary from student to student, specialty to specialty, level of competitiveness and your geographic location, how well known, if you will, is your school? What’s the professional reputation of your school? So let me try to tease that out.

So, for the more competitive specialties such as surgical subspecialties, dermatology, you probably need to apply to more than, if you will, a solid candidate applying for primary care. There are stories and from time to time even my students despite our advice, telling them not to apply to over 100 programs. I respect what their mindset is because this is the most important application of their life to date. And they do not want to leave anything to chance. It’s a very expensive proposition to apply to that many.

But we are also counseling them that the goal of your application process should be to secure double-digit interviews ideally in the 12 to 15 maybe 18, depending on the specialty, with the ultimate goal of being able to rank in low double-digit programs because the NRMP, National Residency Matching Program, has done studies and they show the more interviews, the more you rank, the greater the probability you will match. So, we are utilizing that tool to help guide our students.
But clearly, it ultimately boils down to how many interviews do you get. So, what has happened is with the onset of virtual interviews, there has been an uptick and so students are ranking more. But it’s also clogged, if you will, the system a bit.

Programs have adapted. They are interviewing more students than ever before. And so, it has evened out a little bit, plus doing virtual interviews is far less labor intensive than in-person interviews. So, it hasn't been a huge increase in workload. But there does come the law of diminishing returns where if you are not strategic in where you apply, it's basically a foregone conclusion. You're not going to get an interview.

So, I'll use my institution, the University of Kansas located in Kansas City, Kansas. We have—I think a solid reputation in the greater Midwest. Historically, our students have matched well in the greater Midwest, from the mountains to the Appalachians along the Southeast corridor but we have placed students in literally all 50 states or at least every state that has a residency program.

But our students are best advised to apply to programs in the greater Midwest where they have a greater likelihood of possibly having a graduate of our school in the past. Hopefully, that person left a very positive reputation. So, it increases the likelihood that a student will not only interview but then possibly rank because residency programs want to interview individuals that they have a high likelihood of one, wanting to rank, and two, if ranked and have selected, that they come to their program and do a good job.

So, I know I've talked a long time and not really answered your question but it really means it depends. But we tell our students to be strategic, apply to programs where you are competitive based on the national data that we have. As a backup plan, you should possibly interview in another specialty. For example, if you're interested in orthopedic surgery, you might want to also apply to general surgery. Or if acceptable to you, maybe radiology or anesthesiology, you have to have a plan B.

So, if you're in primary care and you're a mid-level to maybe competitive, your plan B may be just interview or apply to more academic programs in the greater Midwest and maybe a few others, maybe even some community-based programs. So, it's really trying to build out a balanced portfolio of aspirational programs as our students or reach programs as students call it to solid programs which are where you are most competitive and then safe investments or safe applications may be to community-based programs because the goal, again, is to have a job at the end of medical school.

**Murphy:** So, for this 22/23 match cycle, September 7 is the day that applications open while residency programs can see them later in the month, that date being September 28. Is there any reason to get it in right away or is it better to have it right?

**Dr. Meyer:** It's better to have it right. We always encourage our students don't wait till the last minute because, historically, the electronic databases or systems surrounding the ERAS opening day, the
SOAP period, they bog down, they crash. And so, we really encourage our students to get it in there, put it behind you, clear your mind and be ready to move to the next level, which is hopefully accepting interview offers.

Murphy: And I should also point out, we talked about supplemental applications earlier. The deadline for supplemental applications, if that's relevant to the specialty you're applying, is September 16. With that, we've covered a lot of ground here. What didn't we discuss about these first steps of the residency selection process that are important for applicants?

Dr. Meyer: Yeah. And thank you for asking that question because it is important that students understand there is the formal residency application cycle, if you will, that begins during your senior year. But your residency application begins as early as your first year of medical school, including your academic work, your service, your leadership, your research, your familiarity and developing professional relationships with faculty who may be future letter writers.

And so, it's not a wait till your senior year and put everything in place. You've got to build out your portfolio, your professional portfolio that places you in a position to be competitive. A fundamental part of that—and it's not necessarily needed by all applicants but is an important process known as the visiting student program or learning opportunity, VSLO. And that is a program that opens up during the spring of med students' junior year and they can apply to do a one-month rotation at another institution. That is often called an in-person interview, in and of itself. And so, they can go and spend a month with people within the program both faculty and residents, they get to know your work ethic, your personality, your professionalism and that's an extended interview, which is clearly generally speaking, much better than a couple of hours of the virtual interview.

So, if it's feasible and I realize it's not feasible for everyone because it's expensive, typically students have to pay double rent both at their home institution, whatever city or program they're rotating at, they have to make due, with new food arrangements and housing arrangements and the like, transportation arrangements. But it really is something that some specialties more than others. Generally, surgical subspecialties, they tend to place greater value on visiting students than say primary care does. So that is clearly something.

And then I also encourage students to really study how the Match works so that they understand what are the key components, how to rank programs. Lastly, I also recommend looking at the NRMP website. There's a biannual program director survey. And by specialty, they break down what are the most important things that program directors in that specialty consider when viewing an applicant. And so, they rank order list from 1 to 20, the things that that program director, that specialty placed greatest priority on. And so, I think it's good then for students to understand the workings, the machinery of the Match but also what do residency programs look for as they are reviewing applicants for their program.
**Murphy:** And I would also ask, in terms of guidance, maybe you could speak to who students should be speaking to as the clock winds down here and the application deadline looms.

**Dr. Meyer:** Yeah. Well, every school in the country has an office of student affairs with a person like me there to really help, guide, shepherd and support every medical student applying to the Match. We are all-in student affairs. We want our students to be successful, we want them to achieve their dreams. And so, we are clearly advocating for our students.

Sometimes that means we tell them information that they may not necessarily want to hear, that our goal is to help them be successful. So, we are not in a position to tell a student not to try; that would be wrong of us. But we should counsel them that they may not be as competitive as they need to be to have a high probability of success. Therefore, they need to have a plan B or a backup plan because again, guided by our goal, we want every student to have a joyous match day in March and we want them to have a job upon completing medical school.

**Murphy:** Well, I think that just about covers it for this first episode of “Meet Your Match.” It was such a pleasure to have you here Dr. Meyer. I'm Brendan Murphy. I'm a senior news writer for the AMA.

Thanks for joining us for this special series, for Making the Rounds, and stay with us as we go through other topics. The next one, next big milestone, is as you mentioned interview invitations. So, we look forward to covering that in some depth. So, thank you so much for your time, Dr. Meyer.

**Dr. Meyer:** Thank you, Brandon. And I really appreciate having the opportunity. Good luck to all the applicants.

**Murphy:** Good luck. And stick with us.

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