Streamlining the Residency Application and Match Process

Innovations in Applicant Screening & Selection

Zach Jarou, MD | @zachjarou | @DenverEMed | @emresidents | #MedEd
Arnab Sarker, MS4 | @arnabsarker | @UVAEmergencyMed | @DardenMBA
Academic Physicians Section | AMA Interim Meeting | November 10, 2017
Overapplication & Filtering: Longitudinal Trends in the (Emergency Medicine) Residency Application Process
A Look At The Data: EM Matches Over Time
Non-US MD Matches Are Relatively Stable
Overapplication: Application/Interview Ratios

Matched US MD Seniors
Overapplication: Application/Interview Ratios

Un-Matched US MD Seniors

- Applications
- Offers
- Interviews
- Ranked

median number per applicant
Filtering: The Solution to Overapplication?

Figure 2. Percentage of programs that use filters or minimum thresholds when selecting applicants to interview (e.g., USMLE Step 1 scores, state residency; n = 1,453).¹

Results of the 2016 Program Directors Survey
Current Practices in Residency Selection
2016

¹ Specialty-specific results are available here: www.aamc.org/initiatives/optimizinggme/transitiontoresidency/460950/high_charts.html.
What Are (EM) Programs Filtering By?

Relative frequencies of screening filter type by programs that report to using them.
EM Isn’t Special… Why Are Students Overapplying?

<table>
<thead>
<tr>
<th>Specialty</th>
<th>Avg. # of Applications Submitted</th>
<th>2006</th>
<th>2015</th>
<th>% Increase</th>
</tr>
</thead>
<tbody>
<tr>
<td>Emergency Medicine</td>
<td>25.7</td>
<td>41.2</td>
<td>+60.3%</td>
<td></td>
</tr>
<tr>
<td>Internal Medicine</td>
<td>16.8</td>
<td>30.6</td>
<td>+82.1%</td>
<td></td>
</tr>
<tr>
<td>OB/GYN</td>
<td>21.7</td>
<td>41.3</td>
<td>+90.3%</td>
<td></td>
</tr>
<tr>
<td>Otolaryngology</td>
<td>16.6</td>
<td>54.5</td>
<td>+44.6%</td>
<td></td>
</tr>
<tr>
<td>Pediatrics</td>
<td>27.2</td>
<td>26.2</td>
<td>+63.9%</td>
<td></td>
</tr>
<tr>
<td>Surgery-General</td>
<td>26.2</td>
<td>39.3</td>
<td>+50.0%</td>
<td></td>
</tr>
</tbody>
</table>
#ApplySmarter (Not Harder)
The Graph We’re All Familiar With

Graph EM-1
Probability of U.S. Allopathic Seniors Matching to Preferred Specialty by Number of Contiguous Ranks
Emergency Medicine

1.00
0.90
0.80
0.70
0.60
0.50
0.40
0.30
0.20
0.10
0.00
0
1
2
3
4
5
6
7
8
9
10
11
12
13
14
15
16
17
18
19
20

Probability of Matching
Number of Contiguous Ranks

Charting Outcomes in the Match for U.S. Allopathic Seniors
Characteristics of U.S. Allopathic Seniors Who Matched to Their Preferred Specialty in the 2016 Main Residency Match
AAMC’s Point of Diminishing Returns for EM

![Graph showing the probability of entering a residency program based on the number of applications submitted. The graph includes points for Step 1 scores of ≥234, 216-233, and ≤215, with corresponding numbers of applicants.]
16 Specialties Have Been Analyzed

- US-MD applicants to the 2010-2014 ERAS cohorts

<table>
<thead>
<tr>
<th>Medical Specialties</th>
</tr>
</thead>
<tbody>
<tr>
<td>Anesthesiology</td>
</tr>
<tr>
<td>Dermatology</td>
</tr>
<tr>
<td>Diagnostic radiology</td>
</tr>
<tr>
<td>Emergency medicine (EM)</td>
</tr>
<tr>
<td>Family medicine</td>
</tr>
<tr>
<td>General surgery</td>
</tr>
<tr>
<td>Internal medicine</td>
</tr>
<tr>
<td>Internal medicine - pediatrics (IM-Peds)</td>
</tr>
<tr>
<td>Neurology</td>
</tr>
<tr>
<td>Obstetrics and gynecology</td>
</tr>
<tr>
<td>Orthopedic surgery</td>
</tr>
<tr>
<td>Otolaryngology</td>
</tr>
<tr>
<td>Pathology</td>
</tr>
<tr>
<td>Pediatrics</td>
</tr>
<tr>
<td>Plastic surgery - Integrated</td>
</tr>
<tr>
<td>Psychiatry</td>
</tr>
<tr>
<td>Urology – coming soon</td>
</tr>
<tr>
<td>Vascular Surgery - Integrated - coming soon</td>
</tr>
</tbody>
</table>
Sample of the Results – Pediatrics

The graph illustrates the probability of entering a residency program based on the number of applications submitted. The graph includes data points for three ranges of Step 1 scores:

- **Step 1 Score ≥232**
  - Number of Applicants = 4,594
  - Data points: 10-12 (11), 13-14 (13), 19-21 (20)

- **Step 1 Score 213-231**
  - Number of Applicants = 4,594

- **Step 1 Score ≤212**
  - Number of Applicants = 4,594

The probability increases as the number of applications increases, with higher scores having a greater probability of entering a residency program.
Sample of the Results – Internal Medicine
Sample of the Results – General Surgery
Implications

• Use these figures as a starting point for conversations with students.
  o DO NOT APPLY AT THE POINT OF DIMINISHING RETURNS!
  o Use these figures to think about the most appropriate point of diminishing returns for their application and portfolio of programs.
  o Encourage students to create approaches that accurately reflect their academic qualifications and experiences and provide the most realistic opportunities of matching.
• For example, applicants with lower academic qualifications should consider applying to more programs, especially in a competitive specialty. In contrast, applicants with higher academic qualifications may consider applying to fewer programs.
Pain Points:
Program Director Satisfaction With Tools Used to Decide Which Applicants to Interview
Table 3. Mean Importance and Satisfaction Ratings of Applicants’ Characteristics Used by Program Directors in Deciding Which Applicants to Interview

<table>
<thead>
<tr>
<th>Satisfaction with Tools Used to Measure at This Stage&lt;sup&gt;1&lt;/sup&gt;</th>
<th>Importance to Decision About Which Applicants to Interview&lt;sup&gt;2&lt;/sup&gt;</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Lowest Importance (3.00–3.49)</td>
</tr>
<tr>
<td>Highest Satisfaction (≥4.00)</td>
<td>• Prior relevant experience</td>
</tr>
<tr>
<td>Medium Satisfaction (3.50–3.99)</td>
<td>• Interest in program • Diversity</td>
</tr>
<tr>
<td>Lowest Satisfaction (3.00–3.49)</td>
<td>• Problem solving • Integration and application of knowledge • Resilience and stress management • Openness to feedback</td>
</tr>
</tbody>
</table>
New Tools Are Needed To Achieve Balance

• Help achieve balance by providing information that is:
  o Reliable and accurate
  o Easy to understand and use
  o Comparable across applicants
  o Available for use in pre-interview screening
  o Facilitate holistic review

• Help applicants provide information about their prior experiences related to non-academic competencies
Revising An Old Tool: Medical Student Performance Evaluation (aka Dean’s Letter)

www.aamc.org/mspe
1989
AAMC Committee on Dean's Letters tasked to “develop guidelines on the evaluative information desired by program directors” and to “explore the feasibility of providing a model format for deans' letters.”

2002
A second committee reaffirmed the original purpose of the MPSE & made recommendations to establish consistency & ongoing QI.

2014

Recommendations for Revising the Medical Student Performance Evaluation (MSPE)
Challenges with the Old MSPE

1. Inconsistency in content and language/terminology
2. Letters are too long to be useful yet insufficiently transparent to convey an accurate sense of student performance
3. Missed opportunity to use the letter to highlight salient experiences and attributes not found elsewhere in the application
Six Guiding Principles: MSPE Will Provide...

1. Supplemental value to ERAS, transcripts, LoRs (not simply repeating information presented elsewhere)
2. Increased standardization & transparency to facilitate review & selection
3. Comparative information on applicants
4. Info about applicant competencies required to be successful in residency
5. Opportunity for PDs to screen applicants holistically
6. Clear, easy-to-locate, qualitative and quantitative assessments
Ten Recommended Changes to MSPE

1. Standardize, to the extent possible, information in the MSPE across schools and present it clearly, concisely, and in a way that allows it to be easily located.
2. Highlight the six ACGME Core Competencies
3. Include details on professionalism—both deficient and exemplary performance
4. “Unique” → “Noteworthy” Characteristics
5. Limit “Noteworthy Characteristics to three bullet points
Ten Recommended Changes to MSPE

6. Locate comparative data in body of MSPE.
7. Include information on how final grades and comparative data are derived.
8. Provide school-wide comparisons if using the final “adjective” or “overall rating.”
9. Limit MSPE to 7 single-spaced pages (12-point font)
10. Include six sections: Identifying Information, Noteworthy Characteristics, Academic History, Academic Progress, Summary, and Medical School Information.
Take Away: Purpose of the MSPE

The purpose of the MSPE is not to advocate for the student, but rather to provide an honest and objective summary of the student’s personal attributes, experiences, and academic accomplishments based, to the greatest degree possible, on verifiable information and summative evaluations. When possible, comparative assessments of the student’s attributes, experiences, and accomplishments relative to their institutional peers should be provided. The MSPE should primarily contain information about the student’s medical school performance, although a brief summary of verifiable premedical experiences and achievements can be included when relevant.

The MSPE is a summary letter of evaluation, not a letter of recommendation. Information presented in the MSPE must be standardized, clear, and concise and presented in such a way that allows information to be easily located within the document.
Piloting A New Tool: AAMC Standardized Video Interview

www.aamc.org/standardizedvideointerview
# AAMC – Academic Emergency Medicine Partnership

<table>
<thead>
<tr>
<th>SAEM</th>
<th>EMRA</th>
<th>AAMC Staff</th>
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<tbody>
<tr>
<td>Andra Blomkalns, MD</td>
<td>Zach Jarou, MD</td>
<td>John Prescott, MD</td>
</tr>
<tr>
<td>Steve Bird, MD</td>
<td>AAEM-RSA</td>
<td>Renee Overton, MBA</td>
</tr>
<tr>
<td></td>
<td>Ashely Alker, MD</td>
<td>Dana Dunleavy, PhD</td>
</tr>
<tr>
<td></td>
<td>Mary Calderone Haas, MD</td>
<td>Rebecca Fraser, PhD</td>
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<tr>
<td></td>
<td>Michael Wilk, MD</td>
<td>Malika Fair, MD</td>
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<td>AACEM</td>
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<tr>
<td>Richard Wolfe, MD</td>
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<td>CDEM</td>
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<tr>
<td>Rahul Patwari, MD</td>
<td></td>
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<tr>
<td>Kathy Hiller, MD</td>
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<td>CORD</td>
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<tr>
<td>Fiona Gallahue, MD</td>
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<td>Gene Hern, MD</td>
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<td>GSA</td>
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<tr>
<td>Nicole Deiorio, MD</td>
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<tr>
<td>Yolanda Haywood, MD</td>
<td></td>
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<td>Christopher Woleben, MD</td>
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The Goal of the Standardized Video Interview

The standardized video interview is designed for use, along with other selection data to:

• Provide information about applicants’ non-academic competencies
• Identify applicants for invitation to interview;
• Balance emphasis on Step scores in the selection process and help broaden the pool of applicants invited to in-person interviews; and
• Contribute to the ranking process.
Format of the SVI

24/7 online, anytime

6 questions

3 minutes to respond

5 points max per question

Professionalism & Interpersonal/Communication skills (ACGME)

Behaviorally-anchored rubrics; trained raters from HireVue
Data from 2017-2018 Interview Season

- Interviews Conducted Between June 6 to July 31, 2017
- All students considering EM were encouraged to take SVI

4229 Indicated intent to apply to EM
3532 Completed the SVI (84%)
98% Actually submitted applications to EM
Post-SVI Applicant Reactions

- Administered online immediately after the SVI (before scores were released)
- 11 questions, covering the following topics:
  - Preparation
  - Applicant reactions
  - Open response
- 2,906 applicants participated (83% response rate)
How did you prepare for the video interview? (select all)

- Read AAMC’s Tips for Applicants: 75%
- Completed 1+ practice questions in HireVue: 61%
- Studied interview questions related to the competencies assessed: 51%
- Rehearsed responses without technology: 42%
- Rehearsed responses with technology: 27%
- Did not prepare in advance: 8%
Who helped you prepare for the interview? (Select all)

- Prepared on my own: 60%
- Medical school advisor: 13%
- Classmate: 12%
- Other: 9%
- Did not prepare in advance: 7%
How much time did you spend preparing?

- >10 hours: 3%
- 9-10 hours: 1%
- 7-8 hours: 3%
- 5-6 hours: 11%
- 3-4 hours: 26%
- 1-2 hours: 46%
- Did not prepare in advance: 10%
Perceptions of Interview Process

- The instructions were clear: 84%
- I had sufficient time to read and prepare an answer to the interview questions: 49%
- I had sufficient time to respond to the interview questions: 80%

Color Legend:
- Strongly Disagree
- Disagree
- Neither Agree nor Disagree
- Agree
- Strongly Agree
Perceptions of Relevance and Use

The content of the video interview is related to the types of activities required of residents: 67%

The addition of the video interview to the selection process will help program directors conduct a more holistic evaluation of applicants: 31%

- 29% Disagree
- 40% Neither Agree nor Disagree
- 29% Agree
- 31% Strongly Agree
Satisfaction

Overall, I was satisfied with AAMC’s preparation materials.

- Strongly Disagree: 17%
- Disagree: 15%
- Neither Agree nor Disagree: 24%
- Agree: 31%
- Strongly Agree: 43%

Overall, I was satisfied with the video interview.

- Strongly Disagree: 31%
- Disagree: 28%
- Neither Agree nor Disagree: 16%
- Agree: 16%
- Strongly Agree: 36%
Applicant Performance: 2018 SVI Score Distribution

Percentile Ranks in Effect September 15, 2017 to September 14, 2018

N = 3,532

Mean = 19.1
Std. Deviation = 3.1
Women had slightly higher SVI scores than men

M-F $d = -.21$
Small Effect
SVI scores did not differ by race and ethnicity

- **White** (N=1996): 19.2 (3.0)  
  - W-B $d = -0.05$  
  - No Effect

- **Black** (N=245): 19.3 (3.0)  
  - W-H $d = 0.10$  
  - No effect

- **Hispanic** (N=284): 18.9 (3.1)  
  - W-A $d = 0.01$  
  - No Effect

- **Asian** (N=610): 19.1 (3.1)
SVI scores are not correlated with scores from Step 1, Step 2CK, or Step 2CS

Threshold for a small correlation
Program Participation

- Participating: 82%
- Not Participating: 18%
Multi-Year Evaluation Plan

**Psychometrics**
- Is rater agreement adequate?
- Is the full range of the scale being used?
- What are the correlations with other variables?
- What is the correlation with SLOE?

**PD and Applicant Reactions**
- How can we improve the SVI experience for applicants?
- How are PDs using SVI scores?
- Is the use of SVI scores broadening the range to Step 1 scores invited to interview?

**Fairness & Preparation**
- Are group differences similar to structured interviews? Are they smaller than observed on academic tests?
- How does preparation affect SVI scores?

**Predicting Non-Academic PGY-1 Performance**
- Do SVI scores predict subsequent non-academic components of PGY1 performance?
### PD and Applicant Reactions

<table>
<thead>
<tr>
<th>Applicants</th>
<th>Program Directors</th>
</tr>
</thead>
<tbody>
<tr>
<td>● Online survey</td>
<td>● Online survey</td>
</tr>
<tr>
<td>● Oct 18 – Nov 6</td>
<td>● Nov 6 – Nov 27</td>
</tr>
<tr>
<td>● Content Areas</td>
<td>● Content Areas</td>
</tr>
<tr>
<td>○ Perceptions of the Selection Process</td>
<td>○ Usage in the Selection Process</td>
</tr>
<tr>
<td>○ SVI Experience</td>
<td>○ SVI Experience</td>
</tr>
<tr>
<td>○ Future of the Selection Process</td>
<td>○ Future Improvements and Usage</td>
</tr>
<tr>
<td></td>
<td>● Focus Groups in Spring 2018</td>
</tr>
</tbody>
</table>
What’s next?

AAMC and EMSVI working group evaluate SVI 2018 data (December 2017)
- Psychometrics
- Validity evidence
- Applicant and user reactions
- Assess value and costs

Process improvements (October 2017 to February 2018)
- Timing for completing the SVI
- Extensions Policy
- Investigations Process
- Score Reports for Student Affairs Advisors

Announce decision in January/February 2018
## Phases of evaluation

<table>
<thead>
<tr>
<th>Field Test</th>
<th>Operational Pilot</th>
<th>Operational</th>
</tr>
</thead>
<tbody>
<tr>
<td>2016-2017 (research only)</td>
<td>2017-2018</td>
<td>2018 Expansion to other specialties</td>
</tr>
<tr>
<td>Answer <strong>basic</strong> questions</td>
<td>Answer more <strong>nuanced</strong> questions</td>
<td>On-going psychometric and validity research</td>
</tr>
<tr>
<td>Rater reliability and scoring distribution</td>
<td>Partner with a subset of programs to conduct local validation studies (predict PGY1 performance)</td>
<td></td>
</tr>
<tr>
<td>Group differences</td>
<td>User reactions</td>
<td></td>
</tr>
<tr>
<td>Correlations with selection data</td>
<td>Market research and cost</td>
<td></td>
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</tbody>
</table>

**Go/No-Go Decision**

**Constituent input**
Other Specialty-Specific Application Tools & Requirements
Standardized Letter of Evaluation (SLOE)

- **Required for applicants to emergency medicine**
- **Implemented by CORD, now residency programs require ~3 SLOEs per emergency medicine applicant**
- **Composed by emergency medicine faculty/departments who have worked with applicant clinically at home or away institutions**
- **Key components:**
  - Clerkship grade in emergency medicine along with grade distribution
  - Qualifications for EM: clinical, professional, interpersonal skills
  - Global assessment: how does this applicant rank among all EM candidates, and where will they fall on your rank list?
  - Narrative comments
A Standardized Letter of Recommendation for Residency Application

Samuel M. Keim, MD, Judith A. Rein, PhD, Carey Chisholm, MD, Pamela L. Dyne, MD, Gregory W. Hendey, MD, Nicholas J. Jouriles, MD, Randall W. King, MD, Walter Schrading, MD, Joseph Salomone III, MD, Gary Swart, MD, John M. Wightman, MD

Abstract. Emergency medicine (EM) program directors have expressed a desire for more evaluative data to be included in application materials. This is consistent with frustrations expressed by program directors of multiple specialties, but mostly by those in specialties with more competitive matches. Some of the concerns about traditional narrative letters of recommendation included lack of uniform information, lack of relative value given for interval grading, and a perception of ambiguity with regard to terminology. The Council of Emergency Medicine Residency Directors established a task force in 1995 that created a standardized letter of recommendation form. This form, to be completed by EM faculty, requests that objective, comparative, and narrative information be reported regarding the residency applicant. Key words: postgraduate education; recommendation; resident; applicant; letter of recommendation; emergency medicine. ACADEMIC EMERGENCY MEDICINE 1999; 6:1141−1146
OFFICIAL CORD STANDARDIZED LETTER OF EVALUATION (SLOE)
2016-2017 APPLICATION SEASON
No Emergency Medicine Residency Program

I have read this year's instructions @ www.cordem.org  ☐ Yes  ☐ No

Type of Program Completing SLOE: Select One

Applicant's Name:  

AAMC ERAS ID No.:  

Letter Writers' Institution:  

Email:  

Reference Provided By:  

Telephone:  

Present Position:  Vice Chair

A. Background Information

1. How long have you known the applicant?  

2. Nature of contact with applicant: (Check all that apply)

☐ Know indirectly through others/evaluations
☐ Clinical contact outside the ED
☐ Occasional contact (<10 hours) in the ED
☐ Extended, direct observation in the ED
☐ Advisor
☐ Other:  

3. a. Did this candidate rotate in your ED?  ☐ Yes  ☐ No

b. If so, what grade was given?

☐ Honors  ☐ High Pass  ☐ Pass  ☐ Low Pass  ☐ Fail
4. Is this the student's first, second or third EM rotation?  
   Select One

   What date(s) did this student rotate at your institution? (mm/yy)
   
5. Indicate what % of students rotating in your Emergency Department received the following grades last academic year:

   Honors %
   
   High Pass %
   
   Pass %
   
   Low Pass %
   
   Fail %

   100 % Total

   Total # students last year:

   EM is a required rotation for all students at our institution?  
   Yes  
   No
B. Qualifications for EM. Compare the applicant to other EM applicants/peers.

1. Commitment to Emergency Medicine. Has carefully thought out this career choice.
   - Above Peers (Top 1/3)
   - At level of peers (Middle 1/3)
   - Below peers (Lower 1/3)

2. Work ethic, willingness to assume responsibility.
   - Above Peers (Top 1/3)
   - At level of peers (Middle 1/3)
   - Below peers (Lower 1/3)

3. Ability to develop and justify an appropriate differential and a cohesive treatment plan.
   - Above Peers (Top 1/3)
   - At level of peers (Middle 1/3)
   - Below peers (Lower 1/3)

4. Ability to work with a team.
   - Above Peers (Top 1/3)
   - At level of peers (Middle 1/3)
   - Below peers (Lower 1/3)

5. Ability to communicate a caring nature to patients.
   - Above Peers (Top 1/3)
   - At level of peers (Middle 1/3)
   - Below peers (Lower 1/3)

6. How much guidance do you predict this applicant will need during residency?
   - Less than peers
   - The same as peers
   - More than peers

7. Given the necessary guidance, what is your prediction of success for the applicant?
   - Outstanding
   - Excellent
   - Good
C. Global Assessment

1. Compared to other EM residency candidates you have recommended in the last academic year, this candidate is in the:

   Ranking               # Recommended in each category last academic year
   
   Top 10%               
   Top 1/3               
   Middle 1/3            
   Lower 1/3             

Total Number of letters you wrote last year:

D. Written Comments:

Please concisely summarize this applicant's candidacy including... (1) Areas that will require attention, (2) Any low rankings from the SLOE, and (3) Any relevant noncognitive attributes such as leadership, compassion, positive attitude, professionalism, maturity, self-motivation, likelihood to go above and beyond, altruism, recognition of limits, conscientiousness, etc. (please limit your response to 250 words or less)
The Standardized Letter of Evaluation for Postgraduate Training: A Concept Whose Time Has Come?

Jeffrey N. Love, MD, MSc, Sarah E. Ronan-Bentle, MD, David R. Lane, MD, and Cullen B. Hegarty, MD

Abstract

A medical student’s letter of recommendation for postgraduate training applications should provide a fair and accurate assessment of academic and clinical performance, as well as define character attributes pertinent to the practice of medicine. Since its inception in 1997, the emergency medicine (EM) standardized letter of evaluation (SLOE) has evolved into an instrument that provides just such an assessment. Concise, standardized, and discriminating in its assessment of performance relevant to the practice of EM, the SLOE is judged by program directors in EM as the most valuable component of a potential resident’s application. Other specialties would benefit from such a specialty-specific perspective, which is currently lacking in most Electronic Residency Application Service application materials. Creation of specialty-specific SLOEs which define performance metrics or competencies and noncognitive personality traits critical to each unique specialty would add substantially to the holistic review of our graduating students. As a result, specialty-specific SLOEs would increase the likelihood that programs could effectively identify applicants who would not only be a “good fit” for their programs but also graduate to become successful physicians.
Orthopedic Video Interview

- Piloted in 2015, now available for $1599-1999/season
- Videos intended to be watched by PDs
- IBM Personality Profiles Generated

RP86
Resident Video Screening
Otolaryngology Residency Talent Assessment (ORTA)

- Required for applicants to ENT
- Pilot program designed to evaluate professionalism and interpersonal skills
- Conducted as one hour telephone survey
- Scores from survey are reported to residency programs
Applicants: Apply Smart
- Research on Residency Selection
- Program Director Survey
- Research and Data Analysis of Residency Applicant Behavior including Diminishing Returns
- CiM Improvements

Medical School Advisors: Advise Smart
- Research on Residency Selection
- Program Director Survey on Selection Practices
- Data Analysis of Residency Applicant Behavior and Diminishing Returns
- CiM Improvements
- Revised MSPE

Program Directors: Select Smart
- Best Practices for Conducting Interviews
- Core EPAs pilot
- Revised MSPE
- AAMC Standardized Video Interview
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Academic Physicians Section  |  AMA Interim Meeting  |  November 10, 2017