

APDEM UPDATE | MAY 2024

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Program Signals Possible for Endocrinology Beginning July 2025

The COVID-19 pandemic irrevocably changed the graduate medical education application process, resulting in numerous challenges for both program directors (PDs) and applicants. While the shift to virtual interviews decreased financial burden associated with interviewing, this also resulted in significant increases in applicant volumes in all specialties (in Endocrinology, the average # of applications received by a program rose 43% from 117 in 2019 to 167 in 20221), requiring PDs to invest more time/resources in applicant review, and resulting in a higher # of applicants interviewed (70% of APDEM PDs report interviewing significantly more candidates post-COVID2). A primary concern of PDs in the current landscape is the inherent difficulty in ascertaining which of the many candidates applying to their program are truly interested in their program - a PD can no longer rely on an applicant's willingness to sacrifice time and money to travel to an interview day as evidence of sincere interest. Applicants have also expressed concern that it is difficult for them to convey their sincere interest in a program in the absence of a tangible sign (i.e. willingness to spend resources to travel to a program for an interview). While the incorporation of the "Geographic Preferences" feature in ERAS provides some assistance to PDs in identifying applicants interested in certain geographic areas, significant limitations in conveying interest to a specific program still exist (for

example, the geographic areas are often large and encompass numerous programs).

In response to concerns noted above, the Association of American Medical Colleges (AAMC) adopted an idea initially piloted by Otolaryngology residencies to allow applicants to "signal" interest to a prespecified number of residency programs. "Program signaling" (PS) has been ongoing for several years in the residency landscape, where it is designed to be used as one of many factors a PD considers when determining whether to extend an interview invitation to an applicant. Thus far, use and satisfaction with program signaling is extremely high among both PDs and applicants in all specialties where it is offered³, with implementation of PS leading to a decrease in the number of interviews performed⁴. Each medical specialty determines, with the help of AAMC, what the appropriate number of PS to make available is (for example, Family Medicine allows applicants to send a signal to 5 programs of their choosing, e.g. PS = 5). Of note, PS is an optional feature that a medical specialty as a whole must opt into, with each PD in that specialty then also choosing to opt in and participate at an individual program level.

Interest in PS for Endocrinology is extremely high among APDEM members, with >86% favoring adoption of PS as of 2023⁵. Following the AAMC's announcement in January 2024 that PS would be an option for the medical subspecialties match (beginning in July 2025 for Endocrinology), the APDEM Fellowship Recruitment Committee, in conjunction with

input from the AAMC, has been thoroughly exploring how best to implement PS. Three current models for PS exist: (1) a small signal model (most common model, typically 3-5 signals allocated) (2) a large signal model (used by a few competitive surgical subspecialties, typically 25 signals allowed) and (3) a tiered model where both "gold" and "silver" signals exist (used by a few competitive specialties). Further discussion of the pros/cons of each model is beyond the scope of this article but is included in the supplemental video that accompanies this commentary (link below). Based on analysis of our applicant data and match fill rate, the AAMC has recommended that Endocrinology adopt a small PS model with 5 signals available to each applicant⁶. It is predicted that with 5 PS, the average applicant in endocrinology will be able to signal their top 10% of programs (in 2024, each applicant applied to 46 programs on average¹).

The APDEM Fellowship Recruitment Committee has reviewed the AAMC's recommendation in depth, as well as additional data from comparable residency programs, and supports the AAMC's recommendation for 5 PS for Endocrinology.

Moving forward, the APDEM Fellowship Recruitment Committee will present the recommendation for implementing PS (with a PS # of 5) for a ratifying vote at the APDEM Annual Meeting in May 2024. If there is majority consensus that APDEM should proceed, then APDEM will plan to formally opt in as an overall specialty (Endocrinology) in March 2025, with PS then becoming available for use in July 2025 (i.e. the earliest possible date). Education about PS to the PD community and prospective

applicants as a whole will occur over the course of the next year prior to the 2025 recruitment season. Furthermore, APDEM will plan to assess PS utilization and satisfaction following the 2025 recruitment season to determine whether PS should continue, and whether the PS # should be adjusted.

After reviewing the information concerning PS in depth over the past 2 years, I predict that adoption of PS will help nullify a critical limitation of virtual interviewing (inability to determine true interest), while also decreasing PD and applicant time (less likelihood for interviews at programs where minimal true interest exists), thereby providing an overall improved application process for all involved.

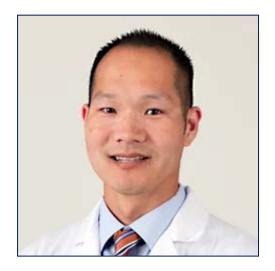
Supplemental Video Link:

https://virginia.zoom.us/rec/share/tCG7mgOZucsYBn17 W7gNkeDb88p3NWfvO YmBJBES3np6SpMZpeBWWQHahresZs.RLYctow1Uv7VOl?startTime=1714481426000

Passcode: 6Qs^WvQy

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- 5. Data gathered via live poll at APDEM Annual Meeting, May 2023
- 6. Personal communication from AAMC, January 2024



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