ERAS Program Signaling Overview

• “Applicant’s opportunity to express their genuine interest in a residency program. A program signal only indicates the applicant's interest at the time of application.”

• One of many pieces of information programs use to determine interview offers

• There is no downside to using Program Signals; rather, not using Program Signals is more likely to be a disadvantage

• Can be changed up until the point application is certified and submitted

• Programs that you signal will only see that you signaled them; they will not see other programs you signaled. Programs you do not signal will see nothing.
## ERAS Program Signal Overview

<table>
<thead>
<tr>
<th>Specialty</th>
<th>Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>Anesthesiology</td>
<td>(15)</td>
</tr>
<tr>
<td>Dermatology</td>
<td>(28)</td>
</tr>
<tr>
<td>Emergency Medicine</td>
<td>(7)</td>
</tr>
<tr>
<td>Family Medicine</td>
<td>(5)</td>
</tr>
<tr>
<td>General Surgery</td>
<td>(5)</td>
</tr>
<tr>
<td>Internal Medicine</td>
<td>(7)</td>
</tr>
<tr>
<td>Internal Medicine/Psych</td>
<td>(2)</td>
</tr>
<tr>
<td>Interventional Radiology</td>
<td>(12)</td>
</tr>
<tr>
<td>Neurological Surgery</td>
<td>(25)</td>
</tr>
<tr>
<td>Neurology – Adult</td>
<td>(3)</td>
</tr>
<tr>
<td>Neurology – Child</td>
<td>(3)</td>
</tr>
<tr>
<td>OB/GYN</td>
<td>(18)</td>
</tr>
<tr>
<td>Orthopaedic Surgery</td>
<td>(30)</td>
</tr>
<tr>
<td>Otolaryngology</td>
<td>(25)</td>
</tr>
<tr>
<td>Pathology</td>
<td>(5)</td>
</tr>
<tr>
<td>Pediatrics</td>
<td>(5)</td>
</tr>
<tr>
<td>PM&amp;R</td>
<td>(5)</td>
</tr>
<tr>
<td>Public Health</td>
<td>(5)</td>
</tr>
<tr>
<td>Psychiatry</td>
<td>(5)</td>
</tr>
<tr>
<td>Radiology</td>
<td>(12)</td>
</tr>
</tbody>
</table>
Geographic Preference & Setting Preference

• ERAS allows you to indicate up to 3 Geographic Preferences and 1 setting preference (Rural, Rural or Suburban, Suburban, Suburban or Urban, Urban, No Preference)

• Only regions you signal can see that you signaled them

• DO NOT DO NOTHING – if you have no preference, select that option

• **Important**: Align your Geographic and Setting Preferences with your Program Signals
Using Program Signaling in ERAS
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<table>
<thead>
<tr>
<th>Specialty</th>
<th>Gold Signal Count</th>
<th>Silver Signal Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>Anesthesiology</td>
<td>0 Available</td>
<td>0 Assigned</td>
</tr>
<tr>
<td>Dermatology</td>
<td>0 Available</td>
<td>0 Assigned</td>
</tr>
</tbody>
</table>

Saved Programs - Anesthesiology

- University of Chicago Program
  - Specialty: Anesthesiology
  - City: Chicago
  - State: Illinois

Accreditation ID: 0401011044
Anesthesiology - Categorical - NRMP Program Code: 11600400
Residency Explorer

- Actions:
  - Assign Gold Signal (5 remaining)
  - Assign Silver Signal (10 remaining)
  - Assign Documents
  - Delete
Using Program Signaling in ERAS

- **How do I Signal?** You can assign or remove a program signal from a saved program in the Actions menu.

- **Saved Programs - Anesthesiology**

  - **Program Name**: University of Chicago Program
  - **Specialty**: Anesthesiology
  - **City**: Chicago
  - **State**: Illinois

  - **Accreditation ID**: 0401011044
  - **Anesthesiology - Categorical - NRMP Program Code**: 1160000400
  - **Residency Explorer**

  - **Actions**:
    - Remove Gold Signal
    - Switch to Silver Signal (10 remaining)
    - Assign Documents
    - Delete
Tiered Signaling: Gold vs. Silver

• Anesthesiology (5 G /10 S)
  Dermatology (3 G / 25 S)
  Radiology (6 G, 6 S)
  OB/GYN (3 G, 15 S)

• Gold = Most Preferred / Highest Interest
  – Likely “high yield” signals
  – Do not use all Gold on “Dream” or “Reach” programs

• Silver = Preferred / High Interest (but secondary)
Home Program and Away Rotation Programs

• AAMC advises applicants to signal the programs they are most interested in regardless of home or away rotations. This is the safest way to ensure your home and away programs know you are very interested in them (if you are).

• Check with home and away programs about their expectations for your use of Gold or Silver signals, if applicable (unless you don’t plan to use a signal on them, or only feel they fit your “Silver” category)
PSOM Program Signal Data (‘22-’23)

- On average, PSOM applicants (n=54) had a yield (interview offers generated by signals) of 70% across all specialties.

- Highest yield came in Anesthesiology (85%), Pediatrics (83%), Emergency Medicine (80%), and Psychiatry (80%); Lowest yield came in General Surgery (30%)

- On average, interview offers from signaled programs accounted for 31.2% of PSOM applicants’ (n=53) total interviews
  
  *This is likely to increase as more specialties move toward greater signal allotments

  – For programs with higher signal allotments, this number was higher (e.g. 78% for Orthopaedic Surgery, 67% for OB/GYN)
  – For programs with lower signal allotments, this number was lower (e.g. 34% for Internal Medicine, 15% for Emergency Medicine)
Strategy #1: Be Realistic

• Programs in many specialties will rely heavily on Program Signals when deciding on interview offers; using all your signals on programs not well-aligned with your application strength is risky. Consult with your Career Advisor.

Strategy #2: Be Honest

• There is no benefit to trying to game the system by signaling programs outside your true preferences. Not signaling one of your most preferred programs could cost you an interview there.
Strategy #3: Use All Your Signals

- Unless you are applying to fewer programs than you have signals, plan to use all of your signals. Even if you are not highly interested in every program you signal, it’s always better to have more interviews and decline some than to not have enough interviews.

Strategy #4: Diversify Your Signals

- This is very important!

- Do not signal all “Dream” or “Reach” programs. Work with your Career Advisor to find a good mix of “Dream,” “Target” and “Back Up” programs, relative to the number of signals you have.

- These may be your strongest tool for securing interviews; use them in a way that expresses your true preferences and optimizes your interview yield
Signaling with a Low Number of Signals (3-7)

• Because you are likely to get a good number of interviews from non-signaled programs, use these to try to secure your most preferred interviews
  – 3 signals: Signal true most preferred programs
  – 5 signals: Consider 1-2 “Reach” programs among true preferences
  – 7 signals: Consider 2-3 “Reach” programs among true preferences

• Be conscious of “signal concentration,” a dynamic in which the “top” programs receive a disproportionate percentage of the signals, in deciding which programs to signal

• Apply to an appropriate total number of programs (consult with your Career Advisor), and consider other methods of signaling if appropriate
Signaling with a High Number of Signals (12+)

• In many cases, most if not all of your interviews will come from programs you signaled. Some specialties are even indicating that an interview is unlikely without a signal, especially at the 25+ level.

• Diversify wisely, based on application strength. Using all signals on “top programs” could work out for some applicants, but for others it could limit the interview yield.

• Adjust total number of applications relative to number of signals allotted (this will save you $$).
  – For example, applying to more than 30 programs in Dermatology (28 signals) is probably not an efficient approach any longer
  – For specialties with 12-18 signals, applying to moderately more programs than you have signals may still be practical for some applicants
Questions?