ERAS | THE FUTURE IN FOCUS

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ERAS® Update at ARANS

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ERAS Outreach and Engagement Manager

Association of American Medical Colleges

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Topics for Today

- ERAS Strategy and Outcomes
  - System update
  - Program signal update
- What's Coming for ERAS 2025
  - Fee Assistance and Pricing
  - MyERAS Application Updates
  - Thalamus Integration
- Preparing for the Next Season

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AAMC Initiatives Supporting the Academic Medicine Community

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Advocacy

- GME positions
- SCOTUS briefs
- Student Aid
- Pathway Programs
- DACA
- NIH funding

Medical Education Initiatives

- Foundational Competencies for UME
- DEI Competencies
- QIPS Competencies
- Medical School Performance Evaluation
- Medical School Profile System

Data, Reports & Publications

- *Academic Medicine* Journal
- MedEdPORTAL
- Curriculum Reports
- AAMC Resident Readiness Survey Project
- Graduation Questionnaire (GQ)
- Physician Specialty Data Report
- Report on Residents
- GME Track

Constituent Affairs

- Group on Student Affairs
- Council of Faculty and Academic Societies
- Council of Teaching Hospitals
- Council of Deans
- Group on Resident Affairs

Diversity in Medicine

- Summer Health Professions Education Program
- K-12 Educational Initiatives and Summit
- Pathway Programs and Outreach
- Disability in Medical Education
- Specialty-specific demographic reporting across continuum

Student Resources & Programs

- Careers in Medicine (CiM)
- Residency Explorer
- FIRST (financial guidance)
- Virtual medical school & specialty fairs
- Organization of Resident Representatives
- Organization of Student Representatives

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The ERAS program has made progress to increase transparency, improve the experience, and reduce fragmentation.

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Selection Tools

- New ERAS Application to Support Holistic Review.
- Improved PDWS.
- New Interview Management Platform.
- **Lower Costs.**

Data Analytics

- Cerebellum for Institutions.
- School/Advisor Analytics.
- Residency Explorer tool.

Thought Leadership & Research

- Evaluation of New Content.
- Multi-organization Research Collaboration.
- Increased Engagement with Specialties and Programs.

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Our efforts have made a positive impact on the residency process

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- **Improved system performance** - 99.5% uptime and no issues during critical events
- **Increased adoption of innovative tools**– more than 22 specialties are now using program signals
- **Fewer overall applications** – average applications decreased from 97 to 94 (from 70 to 64 for MD applicants) resulting in lower costs and reduced program burden
- **Reduced costs** - average applicant saved $81

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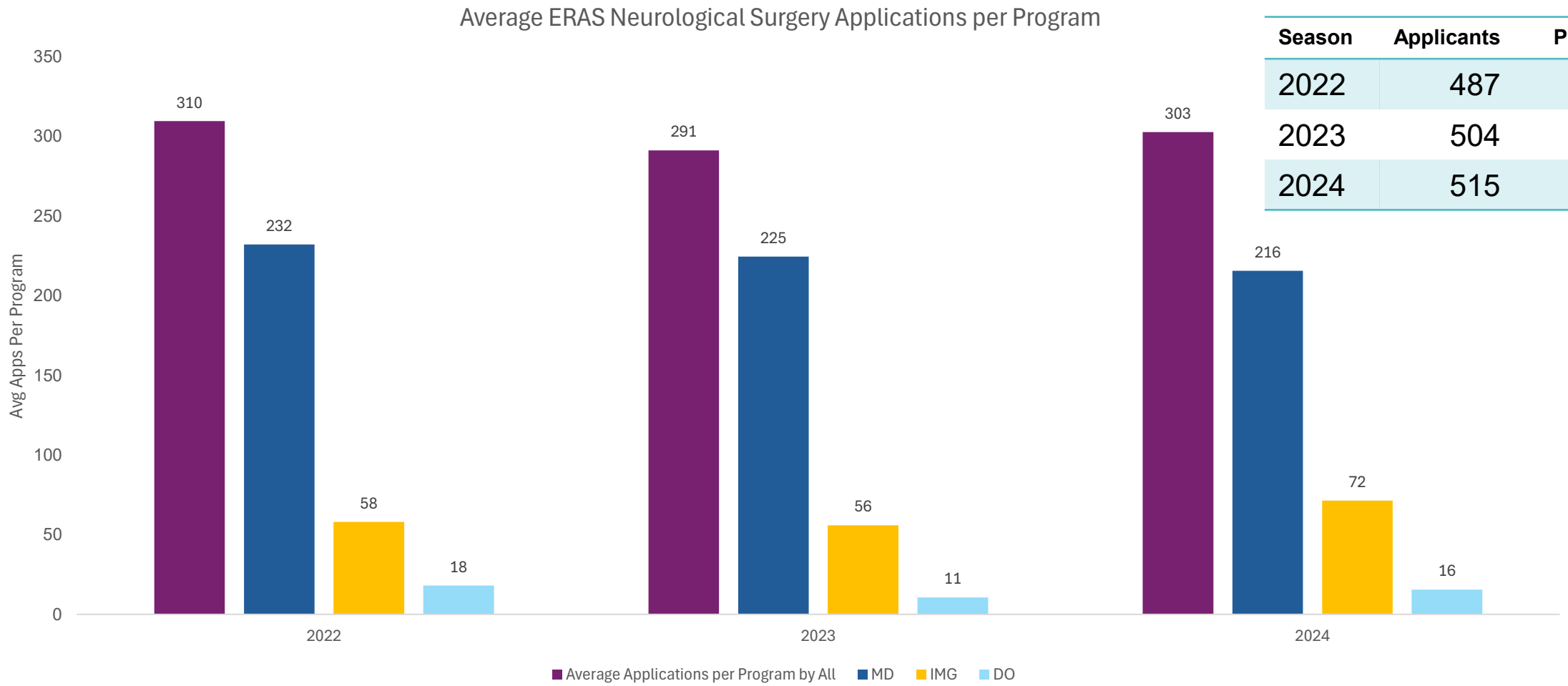
Neurosurgery in the ERAS System



Season	Applicants	Programs
2022	487	115
2023	504	115
2024	515	116

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Pros & Cons of Signal Approaches

	Small # of Signals	Large # of Signals	Two-Tier
Pros	• True top programs. • Guards against use of program signals as interview invitation criteria.	• Distributes signals more evenly.	• Greater flexibility for applicants • Distribute signals more evenly
Cons	• Insufficient for accurately representing all applicant preferences.	• Tempting to use as threshold. • Value of the signal may be diluted.	• Tempting to use as a threshold. • Explanation more challenging.
Example	• General Surgery (5) • Internal Medicine (7)	• Ortho (30) • ENT (25)	• OBGYN (3 Gold, 15 Silver) • Derm (3 Gold, 25 Silver)

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Neurological Surgery: Program Sample & Inclusion Criteria

	N of Programs for Program Signals
Total programs	116
Total programs participating in program signaling	109
Did not meet inclusion rule equal to or larger than 7:1; Did not provide PGY1 info in GME track; Did not provide interview offer data by December 29, 2023	22
N Programs with fewer than 10 Program Signals	0
Total analytic sample	**87**
Total % of programs participating in program signaling	**80%**
Total % of all Neurological Surgery programs in 2024 ERAS cycle	**75%**

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Neurological Surgery: Interview Rates by Program Signal Status

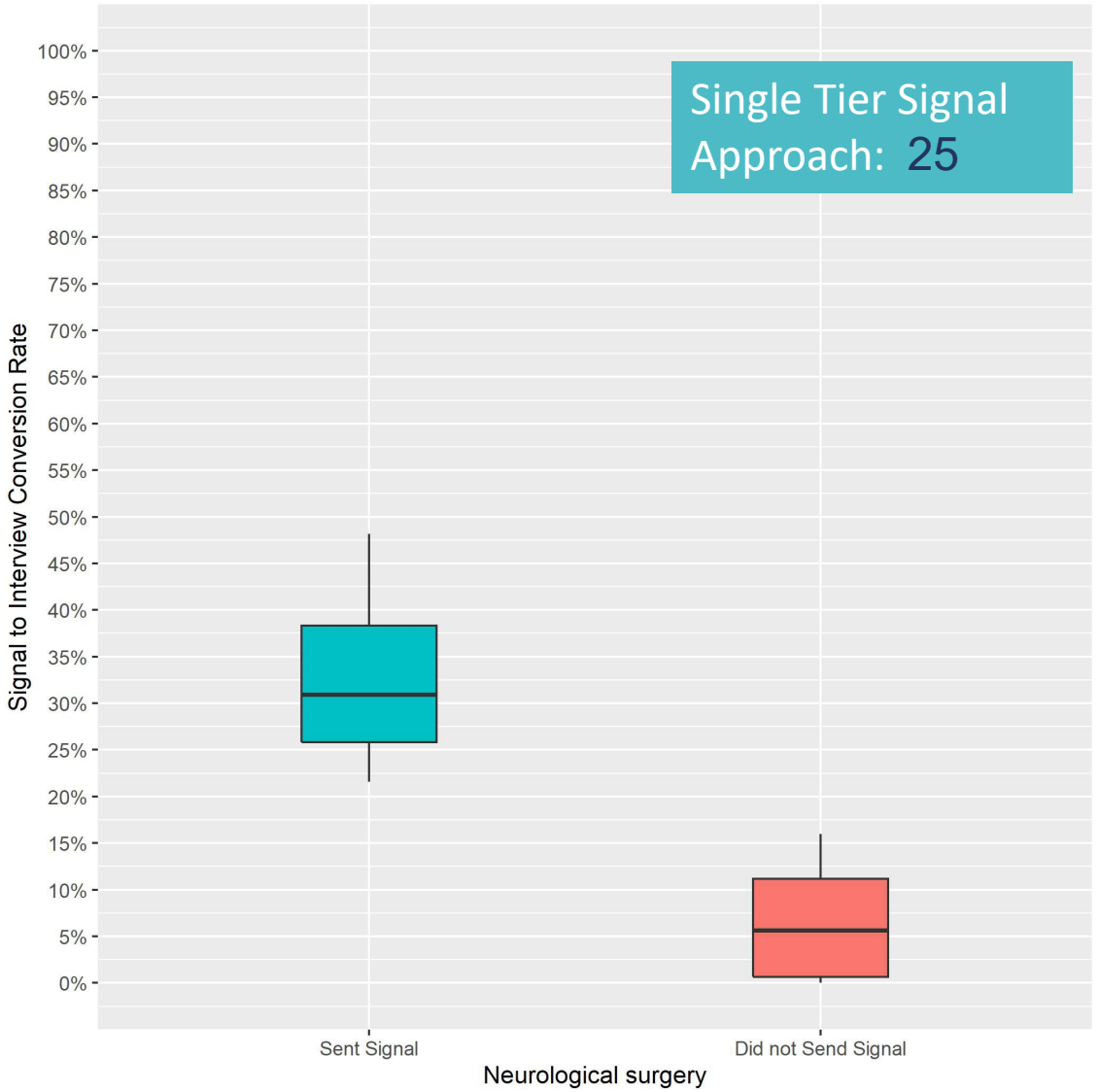
Number of Neurosurgery programs plotted: 116 (2024 ERAS cycle).

Applicants who sent a signal:

- Median of interview offers: 31%.
- 10th percentile: 22%.
- 90th percentile: 48%.

Applicants who did not send a signal:

- Median of interview offers: 6%.
- 10th percentile: <1%.
- 90th percentile: 14%.



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Guidance

Applicants

- Signal your TRUE preferences
- Signal your home and rotation institutions if they are your TRUE preference
- Don’t send “love letter” follow-up emails

Programs

- Be honest on your website abut how you’re using signals
- **Advise your home and rotating students to SIGNAL**
- Don’t overweight signals in your review process
- Look for corroborating information in the application to support an applicants’ preference
- Don’t use signals after interview day

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Program Signals

Do:

✓ Use signals when deciding whom to invite to interview *only.*

✓ Consider signals as a “plus factor,” not a screening tool.

Do not:

- Overweigh signals in your selection process.

- Assume applicants who do not signal your program are not genuinely interested in your program.

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Ensuring Fair Practices: Geographic Preferences and Program Signals

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Prohibited Actions with Geographic Preference Information:

- Asking applicants their geographic preference when they did not provide a response.
- Asking applicants if they indicated a preference for another geographic division.
- Asking applicants their division preferences when they are not indicated.
- Using geographic preference information when creating or finalizing the program's rank order list.

Prohibited Actions with Program Signals:

- Disclosing the identity of an applicant who has sent your program a signal.
- Asking applicants to which programs they sent signals.
- Asking applicants why they chose not to signal your program.
- Using program signal information when creating or finalizing the program's rank order list.

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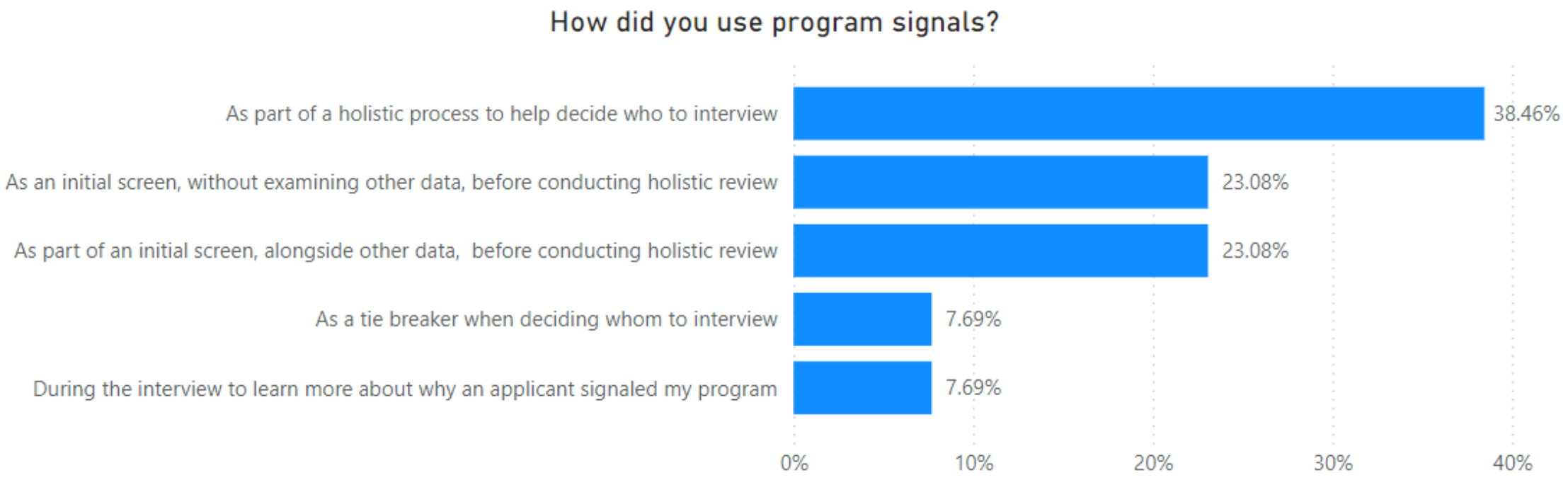
Neurosurgery PD Survey Responses



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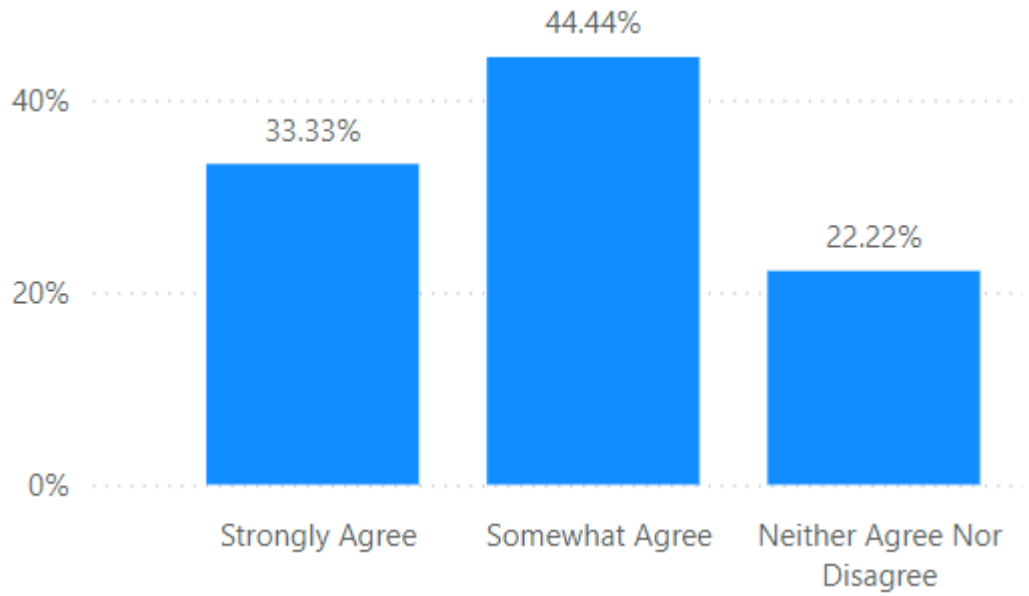
Neurosurgery PD Survey Responses

Program signals helped me identify applicants to interview whom I would have otherwise overlooked.



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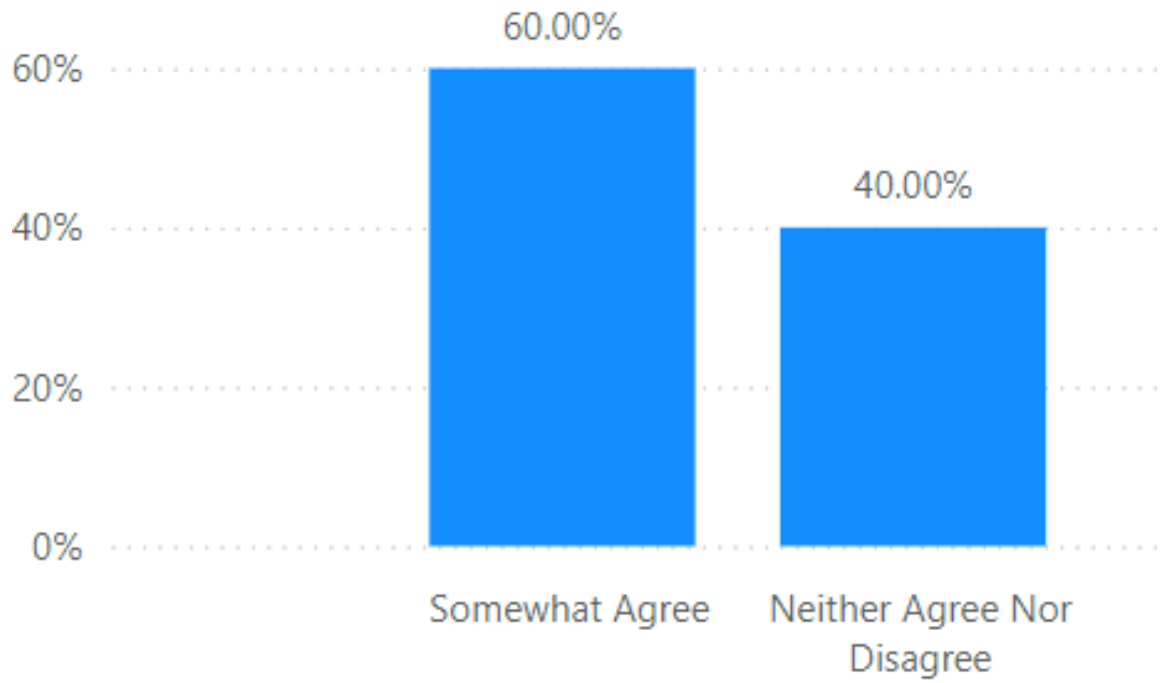
PD Survey Responses

Based on a review of their application, applicants who signaled my program were better aligned than those who did not.



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Neurosurgery PD Program Survey Responses

Geographic & Setting Preferences

- **Over 46%** agreed that geographic preference information helped them identify applicants they would have otherwise overlooked
- **Neary 71%** agreed that geographic preference information helped them more easily identify applicants who have geographic ties to their location compared to old location data
- **Over 15%** found setting preferences (rural/urban) helped identify applicants they would have overlooked or had ties to the program's location.

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Applicant Feedback

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The most important factors impacting where applicants applied

Geographic location of program	61.4%
Close to family/friends	56.6%
Alignment of program strengths with my career interests	52.6%
Perceived good fit	41.9%
Perceived chance of interview offer	34.6%

Experiences

- Nearly 80% of applicants agreed that experience types allowed them to showcase activities that were important to them. **A 12% increase** over last year's survey.
- 63% of applicants agreed that "focus areas" allows them to showcase what is important to them. A 3% increase over last year's survey.

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Applicant Feedback

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Program signals

- 85% of applicants agreed that program signals reflected their true preferences at the time of application. A **5% increase** over last year's survey.
- 67% of applicants agreed that program signals may help them be noticed by programs where they had the most interest. A 3% increase from last year's survey.

Geographic preferences

- Nearly 85% of applicants agreed that their geographic preferences section reflected their true preferences at the time of application. This is a **5% increase** compared to last year's survey data.

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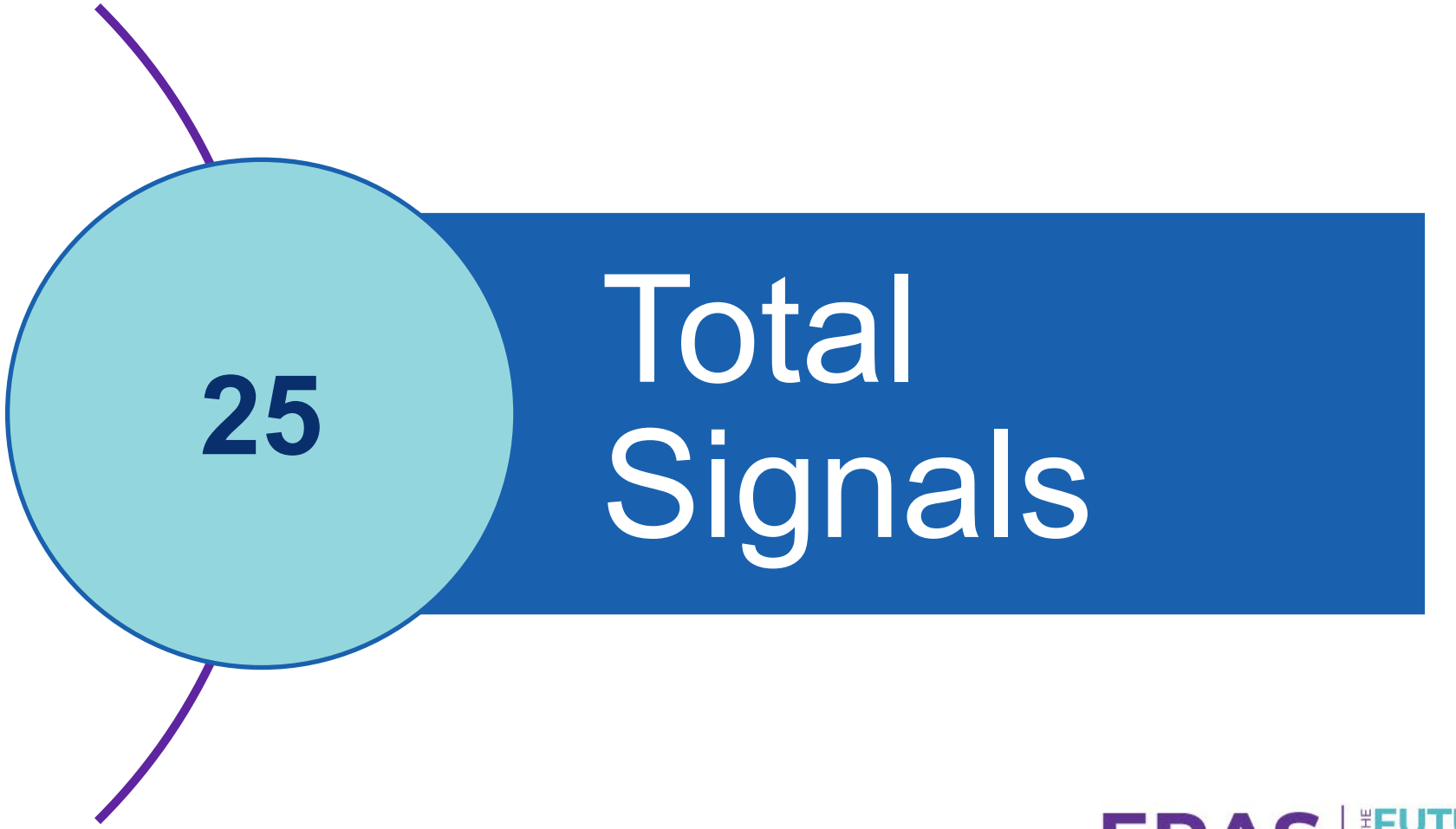
Neurological Surgery Program Signal Model for ERAS 2024-2025 Season



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AAMC Fee Assistance Adding ERAS Support

Beginning with the 2025 ERAS season, the AAMC Fee Assistance Program will expand to include ERAS applications.

- Residency applicants who were approved for AAMC Fee Assistance prior to entering medical school will receive the expanded benefit.
- Benefit will be **60% discount off first 50 applications**.
- We will continue to evolve with community input and feedback.

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New Residency Fee Structure

- The AAMC recently announced a new ERAS fee structure for residency applicants.
- Two years of research and collaboration with the medical education community, learners, and financial aid experts guided the work in determining the new structure.
- The fees apply to each specialty to which an applicant applies.
- Significant impact — most applicants will see discounts up to 36%.

Number of Applications	Cost Per Application
1-30	$11
31 or more	$30

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Continued Evolution of the MyERAS® Application

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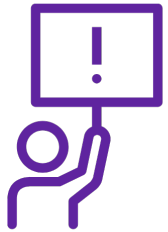

Align with Present Day Program Needs

Expand Mission-Driven Information

Minimize Open-Text Fields

Promote Fairness & Equity

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Upcoming ERAS Enhancements

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Application Changes

- Overall adjustments to streamline the application, minimize open text fields, and fit program-mission needs.
    - Awards and honors, language proficiency, licensure questions, etc.
- Reducing Hometown entries from 5 to 3.
- New self-identified race and ethnicity options.
- Publication formatting from APA to AMA.

System Changes

- ERAS PDWS Interview Scheduler and DIO Analytics sunsetting in June.
- Integration with Thalamus
    - ERAS Program Management (EPM) opt-in process.
    - Ease of navigation between PDWS and Thalamus Core/Cortex.
    - AAMC account sign in for Thalamus.
    - Application API between PDWS and Thalamus.

thalamus connecting the docs™

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Hobbies and Interests

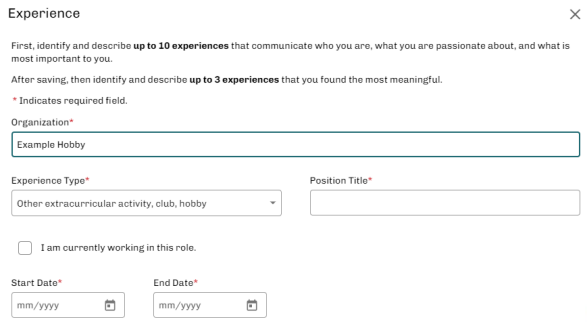
Observation

- Hobbies and interests help applicants express their humanity and help programs see additional dimensions to an applicant.
- Feedback that hobbies and interests should be separate from selected experiences.

Modification

- Removing hobby from Experience Type option and renaming it as “Other extracurricular activities/clubs”.
- Reinstating a Hobbies & Interests section with an open text field of 300 characters.

Prior State



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Publications

- Literature Review.
- Historical Analysis.
- Focus Groups.
- Feedback at LSL and other constituent meetings.

- Varying views on research types & importance.
- Emphasis on quality.
- Access to research opportunities varies widely.

- No significant changes in the 2025 ERAS season.

May 2024: Thematic changes for 2026 ERAS Finalized.

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AAMC Thalamus Collaboration Offerings

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What's included complimentary			Available for an additional fee*†‡	
thalamus core	thalamus itinerary wizard™	Cerebellum™ powered by thalamus	cortex powered by thalamus	thalamus video
Interview scheduling and management	Itinerary building	Data and analytics dashboard	Tech-assisted holistic application review	Video interview platform

* Institutional discounts are available.

ERAS/PDWS is not going away – applications will still come into PDWS

ERAS Scheduler and DIO Analytics no longer available for the 2024-2025 Season

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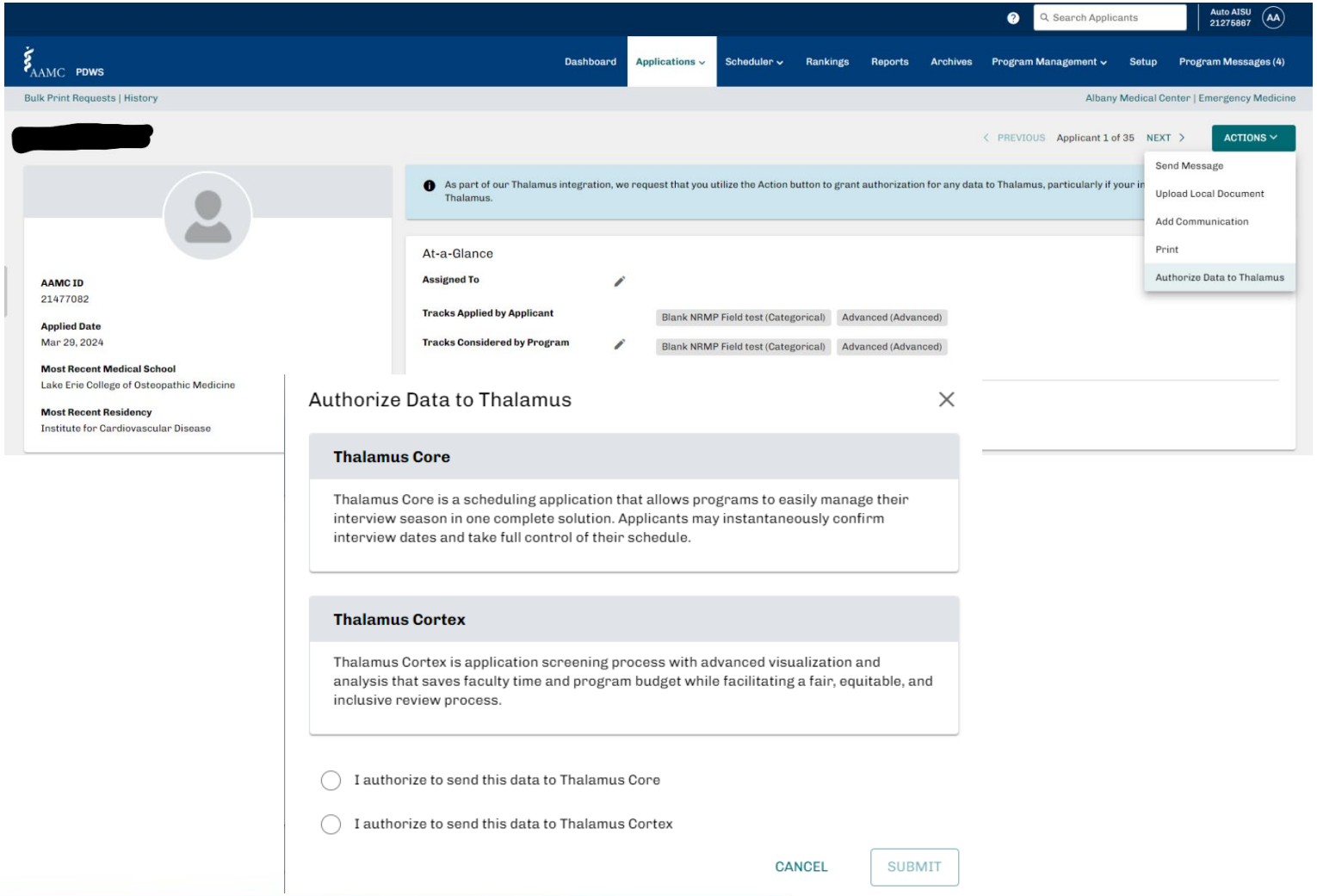
Option 1: Sending Applications from the PDWS to Thalamus **Individually**

Individually send applicant data from the PDWS to Thalamus as you are reviewing individual applications.

You may authorize data to **Thalamus Core and/or Cortex**.

Application data and documents **update automatically throughout season**.

Note: Screenshots not final. Please do not share.



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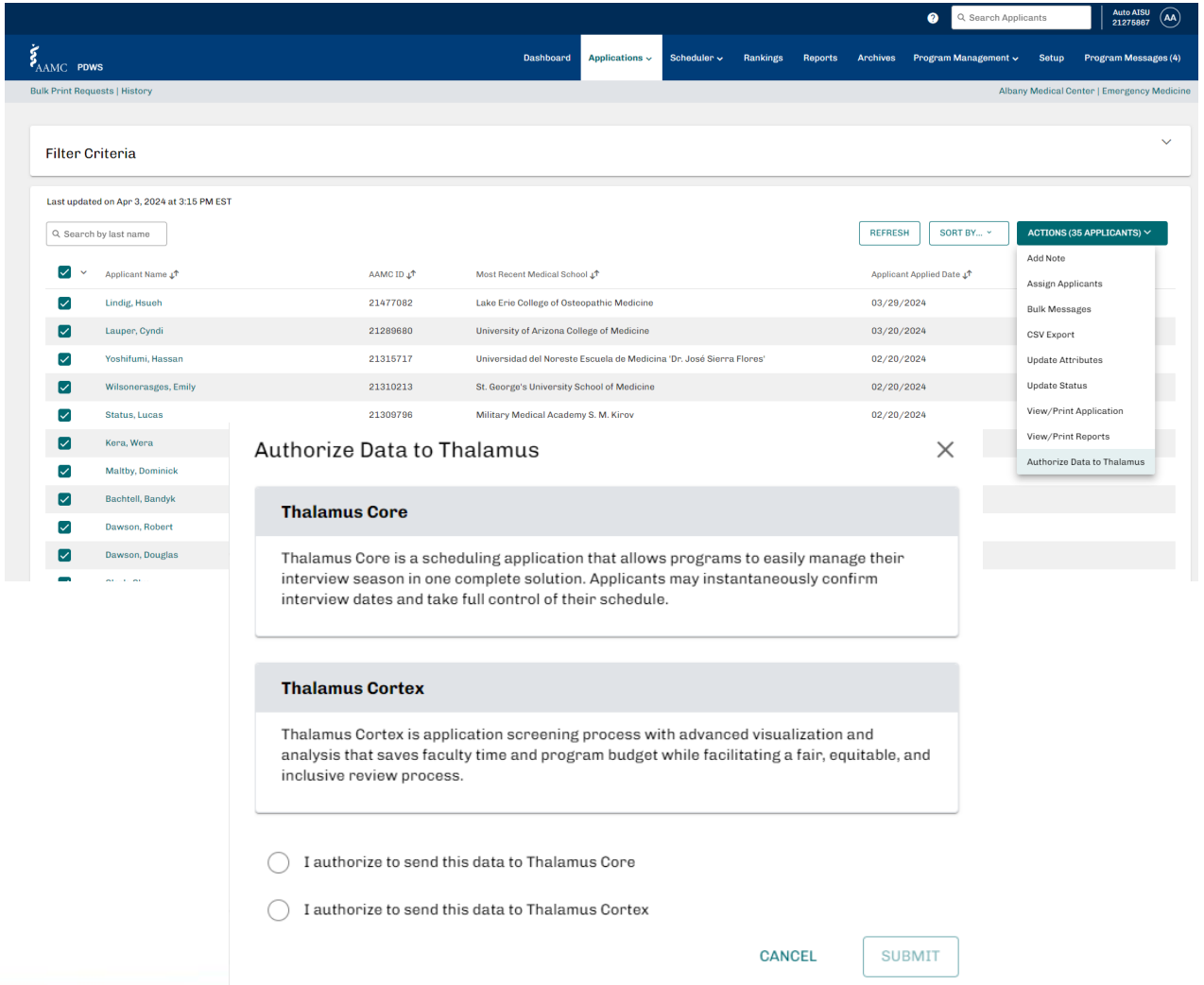
Option 2: Sending Applications from the PDWS to Thalamus in **Bulk**

Send multiple applicants' data at a time from the PDWS to Thalamus in the current results page.

You may authorize data to **Thalamus Core and/or Cortex**.

Application data and documents **update automatically** throughout season.

Note: Screenshots not final. Please do not share.



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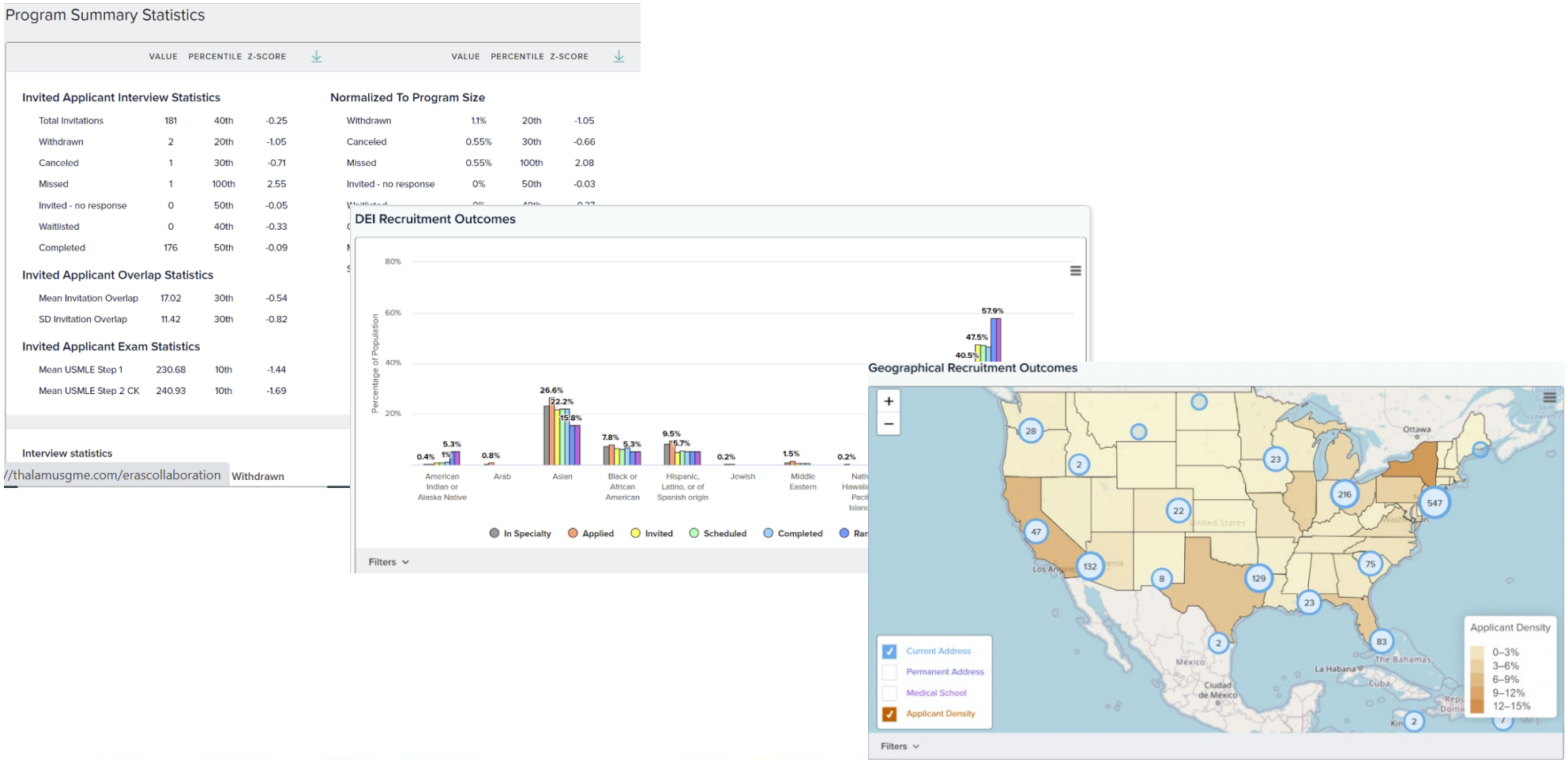
DIO Analytics' New Home in Cerebellum



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Timeline – 2024-2025 ERAS Season

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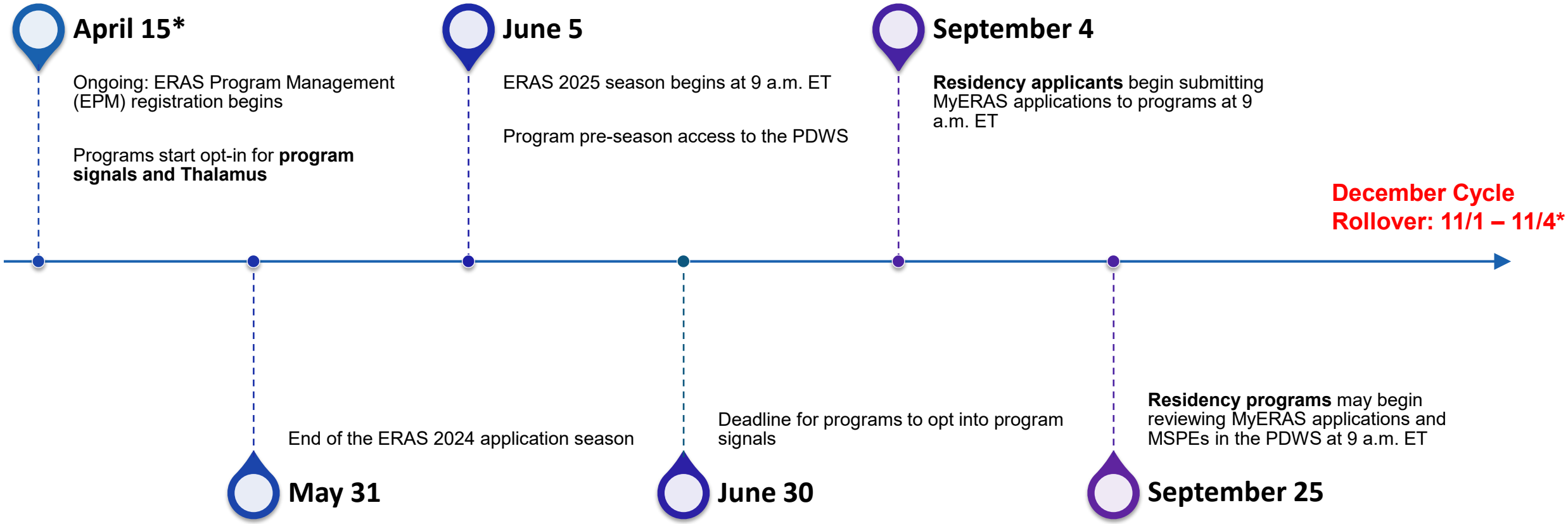

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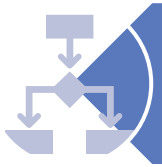
ERAS Program Management in the PDWS

- Register your program in the PDWS from April 2024 – June 30, 2024.

Opt-in for Thalamus Products



New Registration Questions in June

Opt-in for Program Signal Participation

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Webinars and Training

Webinar Title	Date	Time	Description
Joint AAMC-Thalamus Collab Webinar	Tuesday, May 21, 2024	1:00 p.m. – 2:00 p.m. ET	Webinar outlining the benefits of the AAMC-Thalamus collaboration and demo the user experience for the new API.
PDWS Welcome Webinar	Thursday, June 13, 2024	1:00 p.m. – 1:45 p.m. ET	Welcome webinar to learn about access, roles, new application changes, and timelines.
PDWS Overview Part 1 Webinar	Tuesday, July 16, 2024	1:00 p.m. – 2:15 p.m. ET	An overview of the PDWS for beginners navigating the PDWS system.
PDWS Overview Part 2 Webinar	Thursday, July 18, 2024	1:00 p.m. – 2:15 p.m. ET	Second PDWS webinar to learn how to customize the system to fit your program's workflow.
ERAS PDWS Q&A Session	Tuesday, July 23, 2024	1:00 p.m. – 1:45 p.m. ET	Live Q and A session with AAMC staff to ask questions about changes to ERAS and the PDWS.

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For more information:

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ERAS for Institutions Webpage

SCAN ME

ERAS Statistics and Preliminary Data

SCAN ME

MyERAS Program Signaling for ERAS 2024-2025

SCAN ME

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Thank you for your time today!

Please reach out with any additional questions.

ERAS Team – erasRMteam@aamc.org

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