

AAMC Supplemental ERAS® Application: Final Results of the Program Director Reaction Survey for the 2022 Application Cycle

Overview and Sample

This report summarizes results from the AAMC Supplemental ERAS® Application: Program Director Reaction Survey for the 2022 Application Cycle. The purpose of the survey was to collect feedback from directors of U.S. residency programs in dermatology, general surgery, and internal medicine that participated in the supplemental ERAS application for the 2022 application cycle. (Responses to openended questions have not been analyzed yet but will be reviewed and contribute to plans for year 2.)

On Dec. 8, 2021, 723 of those program directors were invited by email to complete the survey. The survey closed Jan. 7, 2022, with 239 respondents (33% response rate), each from a unique residency program.

This response rate was lower than expected and may limit the generalizability of findings. While the overall sample was smaller than expected, each specialty sample represented a range of programs, including programs from different geographic regions and university- and community-affiliated programs (Table 1).

Findings

Past Experiences

- The number of respondents who indicated they used information from the past experiences section during the application process varied by specialty: dermatology (77% of respondents), general surgery (53% of respondents), internal medicine (37% of respondents).
- Respondents across the three specialties used this section through various stages of the application process: as part of a holistic, initial application review (85%-95% of respondents), to help decide whom to interview (81%-95% of respondents), to prepare for the interview (64%-74% of respondents), and to stimulate questions during the interview (57%-72% of respondents).

Five Most Meaningful Past Experiences

- About 51%-81% of respondents, by specialty, used information from the applicants' five most meaningful past experiences.
- About 43%-62% of respondents, by specialty, thought the section had the right amount of information.
- Over 25% of respondents across specialties agreed the section helped identify applicants whose interests and experiences aligned well with their program.
- Around 20% of respondents across specialties agreed information from this section was easier to use than — and provided valuable information beyond — what applicants provided in their existing ERAS experience section, Medical Student Performance Evaluation (MSPE) noteworthy experiences, and personal statement sections.

Other Impactful Life Experiences Essay

 About 56%-85% of respondents, by specialty, used information provided by the applicants' Other Impactful Life Experience essay. Results for whether the essay provided important context to interpret the broader application varied by specialty (35%-73%).



 About 19%-46% of respondents, by specialty, agreed the essay provided valuable information beyond what applicants provided in the existing ERAS experiences, MSPE noteworthy experiences, and personal statement sections.

Table 1. Sample Characteristics by Program and Specialty

Characteristic and Program Type	AII % (N*)	Dermatology % (n*)	General Surgery % (n*)	Internal Medicine % (n*)
Survey Response Rate				
Invited	67% (476)	56% (65)	66% (153)	70% (258)
Completed	33% (239)	44% (52)	34% (79)	30% (108)
Total	100% (715)	100% (117)	100% (232)	100% (366)
Geographic Region				
Central	24% (58)	33% (17)	23% (18)	21% (23)
Northeast	33% (79)	27% (14)	32% (25)	37% (40)
South	28% (68)	27% (14)	32% (25)	27% (29)
West	14% (34)	13% (7)	14% (11)	15% (16)
Affiliation				
University-based	57% (136)	85% (44)	51% (40)	48% (52)
Community-based, university-affiliated	30% (71)	10% (5)	33% (26)	37% (40)
Community-based	10% (23)	2% (1)	11% (9)	12% (13)
Other	2% (4)	4% (2)	0% (0)	2% (2)
Unknown	2% (5)	0% (0)	5% (4)	1% (1)

^{*}Number of unique programs.

Key takeaways from the survey results are displayed in Tables 2-24 by specialty.



Table 2. Did you use information from the past experiences section during the application process?

Choice	Dermatology % (n)	General Surgery % (n)	Internal Medicine % (n)
Yes	77% (40)	53% (40)	37% (40)
No	23% (12)	47% (36)	63% (68)
Total	100% (52)	100% (76)	100% (108)

Table 3. The type of information provided by the 5 most meaningful experiences section was:

Choice	Dermatology % (n)	General Surgery % (n)	Internal Medicine % (n)
Lacking important information	13% (6)	30% (22)	15% (15)
Just about right	62% (29)	55% (40)	43% (42)
Included extraneous information	26% (12)	15% (11)	41% (40)
Total	100% (47)	100% (73)	100% (97)



Table 4. How important was information from the past experiences section at each of the following stages?

Stage and Specialty	N	Did Not Use* % (n)	Used* % (n)	Not Important % (n)	Somewhat Important % (n)	Important % (n)	Very Important % (n)	Important or Very Important % (n)
As part of a holi	stic, init	ial application	review					
Dermatology	40	5% (2)	95% (38)	5% (2)	58% (22)	26% (10)	11% (4)	37% (14)
General Surgery	42	12% (5)	88% (37)	24% (9)	49% (18)	16% (6)	11% (4)	27% (10)
Internal Medicine	41	15% (6)	85% (35)	23% (8)	51% (18)	17% (6)	9% (3)	26% (9)
To help decide	whom to	o interview				_	_	
Dermatology	38	5% (2)	95% (36)	11% (4)	50% (18)	36% (13)	3% (1)	39% (14)
General Surgery	43	16% (7)	84% (36)	36% (13)	42% (15)	17% (6)	6% (2)	22% (8)
Internal Medicine	42	19% (8)	81% (34)	41% (14)	50% (17)	9% (3)	0% (0)	9% (3)
To prepare for t	he inter	view						
Dermatology	38	26% (10)	74% (28)	14% (4)	57% (16)	21% (6)	7% (2)	29% (8)
General Surgery	43	28% (12)	72% (31)	42% (13)	29% (9)	23% (7)	6% (2)	29% (9)
Internal Medicine	42	36% (15)	64% (27)	26% (7)	44% (12)	22% (6)	7% (2)	30% (8)
During the inter	view to	stimulate que	stions					
Dermatology	36	39% (14)	61% (22)	23% (5)	50% (11)	18% (4)	9% (2)	27% (6)
General Surgery	43	28% (12)	72% (31)	48% (15)	29% (9)	19% (6)	3% (1)	23% (7)
Internal Medicine	42	43% (18)	57% (24)	46% (11)	29% (7)	17% (4)	8% (2)	25% (6)
Other								
Dermatology	8	63% (5)	38% (3)	33% (1)	33% (1)	0% (0)	33% (1)	33% (1)
General Surgery	13	62% (8)	38% (5)	60% (3)	20% (1)	0% (0)	20% (1)	20% (1)
Internal Medicine	16	69% (11)	31% (5)	60% (3)	40% (2)	0% (0)	0% (0)	0% (0)

^{*}Respondents who selected "No" on the question "Did you use information from the past experiences section ...?" were excluded from this analysis.



Table 5. Responses to the Past Experiences Questions

Statement and Specialty	N	Did Not Use % (n)	Used % (n)	Strongly Disagree % (n)	Disagree % (n)	Neither Agree nor Disagree % (n)	Agree % (n)	Strongly Agree % (n)	Agree or Strongly Agree % (n)
The 5 most me with my progra		ıl past exper	iences helpe	ed me identif	y applicants	whose intere	ests and exp	eriences alig	gn well
Dermatology	52	19% (10)	81% (42)	5% (2)	21% (9)	43% (18)	26% (11)	5% (2)	31% (13)
General Surgery	79	43% (34)	57% (45)	13% (6)	27% (12)	33% (15)	22% (10)	4% (2)	27% (12)
Internal Medicine	102	49% (50)	51% (52)	12% (6)	33% (17)	29% (15)	25% (13)	2% (1)	27% (14)
The Other Impa	actful L	fe Experiend	ces essay pr	ovided impo	rtant context	to interpret	the broader	application.	
Dermatology	52	15% (8)	85% (44)	2% (1)	5% (2)	20% (9)	50% (22)	23% (10)	73% (32)
General Surgery	79	38% (30)	62% (49)	12% (6)	14% (7)	27% (13)	41% (20)	6% (3)	47% (23)
Internal Medicine	102	44% (45)	56% (57)	2% (1)	26% (15)	37% (21)	26% (15)	9% (5)	35% (20)



Table 6. The 5 most meaningful past experiences provided valuable information beyond what is provided in the \dots

Statement and Specialty	N	Strongly Disagree % (n)	Disagree % (n)	Neither Agree nor Disagree % (n)	Agree % (n)	Strongly Agree % (n)	Agree or Strongly Agree % (n)
existing ER	AS exp	eriences sec	ction				
Dermatology	52	13% (7)	27% (14)	31% (16)	23% (12)	6% (3)	29% (15)
General Surgery	76	20% (15)	33% (25)	29% (22)	17% (13)	1% (1)	18% (14)
Internal Medicine	100	27% (27)	29% (29)	24% (24)	17% (17)	3% (3)	20% (20)
MSPE note	worthy	experiences					
Dermatology	52	13% (7)	27% (14)	33% (17)	23% (12)	4% (2)	27% (14)
General Surgery	76	20% (15)	30% (23)	33% (25)	13% (10)	4% (3)	17% (13)
Internal Medicine	100	25% (25)	27% (27)	28% (28)	17% (17)	3% (3)	20% (20)
personal st	atemen [.]	t					
Dermatology	51	18% (9)	24% (12)	24% (12)	25% (13)	10% (5)	35% (18)
General Surgery	76	22% (17)	26% (20)	28% (21)	20% (15)	4% (3)	24% (18)
Internal Medicine	100	26% (26)	28% (28)	30% (30)	14% (14)	2% (2)	16% (16)



Table 7. It was easier to use information from the 5 most meaningful past experiences than the information from the \dots

Statement and Specialty	N	Strongly Disagree % (n)	Disagree % (n)	Neither Agree nor Disagree % (n)	Agree % (n)	Strongly Agree % (n)	Agree or Strongly Agree % (n)
existing ER	AS exp	eriences secti	on.				
Dermatology	52	27% (14)	15% (8)	21% (11)	27% (14)	10% (5)	37% (19)
General Surgery	75	25% (19)	32% (24)	25% (19)	12% (9)	5% (4)	17% (13)
Internal Medicine	100	35% (35)	29% (29)	20% (20)	11% (11)	5% (5)	16% (16)
MSPE note	worthy	experiences.					
Dermatology	52	23% (12)	17% (9)	29% (15)	27% (14)	4% (2)	31% (16)
General Surgery	75	25% (19)	29% (22)	31% (23)	12% (9)	3% (2)	15% (11)
Internal Medicine	100	33% (33)	25% (25)	23% (23)	13% (13)	6% (6)	19% (19)
personal st	atemen	t.					
Dermatology	52	29% (15)	17% (9)	40% (21)	10% (5)	4% (2)	13% (7)
General Surgery	75	25% (19)	29% (22)	25% (19)	17% (13)	3% (2)	20% (15)
Internal Medicine	99	35% (35)	26% (26)	24% (24)	11% (11)	3% (3)	14% (14)



Table 8. The Other Impactful Life Experiences essay provided valuable information beyond what is provided in the ...

Statement and Specialty	N	Strongly Disagree % (n)	Disagree % (n)	Neither Agree nor Disagree % (n)	Agree % (n)	Strongly Agree % (n)	Agree or Strongly Agree % (n)
existing ERA	S experi	ences sectio	n.				
Dermatology	52	12% (6)	15% (8)	27% (14)	25% (13)	21% (11)	46% (24)
General Surgery	75	19% (14)	24% (18)	37% (28)	17% (13)	3% (2)	20% (15)
Internal Medicine	100	21% (21)	24% (24)	26% (26)	24% (24)	5% (5)	29% (29)
MSPE notew	orthy ex	periences.					
Dermatology	52	13% (7)	13% (7)	33% (17)	23% (12)	17% (9)	40% (21)
General Surgery	75	19% (14)	23% (17)	37% (28)	17% (13)	4% (3)	21% (16)
Internal Medicine	99	19% (19)	22% (22)	35% (35)	20% (20)	3% (3)	23% (23)
personal stat	ement.						
Dermatology	51	16% (8)	16% (8)	31% (16)	27% (14)	10% (5)	37% (19)
General Surgery	74	20% (15)	24% (18)	36% (27)	15% (11)	4% (3)	19% (14)
Internal Medicine	99	21% (21)	27% (27)	31% (31)	18% (18)	2% (2)	20% (20)



Geographic Preferences

- Respondents from dermatology and internal medicine programs were surveyed about questions
 related to use of the geographic preferences section. General surgery programs did not participate in
 the geographic preferences section of the supplemental ERAS application.
- Over 70% of respondents across dermatology and internal medicine programs used information from the geographic preferences section during the application process.
- Respondents used this section through various stages of the application process: as part of a holistic process to help decide whom to interview (88%-95% of respondents), as a tiebreaker when deciding whom to interview (86%-93% of respondents), as a screening tool before application review (64%-87% of respondents), to send interview invitations to every applicant who selected their program (45%-74% of respondents), to prepare for the interview (52%-56% of respondents), and to stimulate questions during the interview (51%-53% of respondents).
- Around 60% of respondents across participating programs agreed the geographic preference information helped their program identify applicants whom they would have otherwise overlooked.
- Around 30% of respondents agreed applicants who stated a preference for their region were more likely to accept interview invitations.

Table 9. Did you use information from the geographic preferences section during the application process?

Choice	Dermatology % (n)	Internal Medicine % (n)
Yes	84% (42)	72% (75)
No	16% (8)	28% (29)
Total	100% (50)	100% (104)



Table 10. How important was information from the geographic preferences section at each of the following stages of the application process?

Stage and Specialty	N	Did Not Use* % (n)	Used* % (n)	Not Important % (n)	Somewhat Important % (n)	Important % (n)	Very Important % (n)	Important or Very Important % (n)
As a screenin	g tool,	before app	lication revi	ew				
Dermatology	42	36% (15)	64% (27)	19% (5)	30% (8)	33% (9)	19% (5)	52% (14)
Internal Medicine	76	13% (10)	87% (66)	15% (10)	41% (27)	29% (19)	15% (10)	44% (29)
Sending interv	/iew in	vitations to	every appli	cant that sele	cted my region			
Dermatology	42	55% (23)	45% (19)	68% (13)	16% (3)	16% (3)	0% (0)	16% (3)
Internal Medicine	73	26% (19)	74% (54)	46% (25)	31% (17)	17% (9)	6% (3)	22% (12)
As part of a ho	olistic	process to	help decide	who to interv	iew			
Dermatology	42	5% (2)	95% (40)	3% (1)	35% (14)	40% (16)	23% (9)	63% (25)
Internal Medicine	76	12% (9)	88% (67)	16% (11)	42% (28)	33% (22)	9% (6)	42% (28)
As a tie break	er whe	en deciding	who to inter	rview				
Dermatology	42	7% (3)	93% (39)	8% (3)	28% (11)	44% (17)	21% (8)	64% (25)
Internal Medicine	76	14% (11)	86% (65)	25% (16)	28% (18)	32% (21)	15% (10)	48% (31)
To prepare for	the ir	nterview						
Dermatology	42	48% (20)	52% (22)	55% (12)	36% (8)	9% (2)	0% (0)	9% (2)
Internal Medicine	75	44% (33)	56% (42)	52% (22)	43% (18)	2% (1)	2% (1)	5% (2)
During the into	erview	to stimulat	e questions					
Dermatology	40	48% (19)	53% (21)	52% (11)	48% (10)	0% (0)	0% (0)	0% (0)
Internal Medicine	73	49% (36)	51% (37)	70% (26)	27% (10)	3% (1)	0% (0)	3% (1)
Other								
Dermatology	11	82% (9)	18% (2)	50% (1)	0% (0)	0% (0)	50% (1)	50% (1)
Internal Medicine	27	78% (21)	22% (6)	83% (5)	0% (0)	17% (1)	0% (0)	17% (1)

^{*}Respondents who selected "No" for the question "Did you use information from the geographic preferences section ...?" were excluded from this analysis.



Table 11. Responses to the Geographic Preferences Questions

Statement and Specialty	N*	Strongly Disagree % (n)	Disagree % (n)	Neither Agree nor Disagree % (n)	Agree % (n)	Strongly Agree % (n)	Strongly Agree or Agree % (n)
Geographic pre overlooked.	eference	information h	nelped me id	entify applica	ints whom I w	ould have ot	herwise
Dermatology	42	7% (3)	12% (5)	17% (7)	50% (21)	14% (6)	64% (27)
Internal Medicine	76	8% (6)	20% (15)	14% (11)	41% (31)	17% (13)	58% (44)
Applicants who	stated a	preference f	or my region	were more l	ikely to accep	ot interview in	vitations.
Dermatology	42	10% (4)	10% (4)	52% (22)	17% (7)	12% (5)	29% (12)
Internal Medicine	74	7% (5)	14% (10)	49% (36)	23% (17)	8% (6)	31% (23)

^{*}Respondents who selected "No" for the question "Did you use information from the geographic preferences section ...?" were excluded from this analysis.

Preference Signals

- Over 80% of respondents across the three specialties used information from the preference signals section during the application process.
- Respondents across the three specialties used this section through various stages of the application process: as part of a holistic process to help decide whom to interview (95%-96% of respondents), as a tiebreaker when deciding whom to interview (88%-94% of respondents), as a screening tool before application review (71%-88% of respondents), to send interview invitations to every applicant who selected their program (51%-82% of respondents), to prepare for the interview (50%-65% of respondents), and to stimulate questions during the interview (44%-56% of respondents).
- Over 75% of respondents across specialties agreed the preference signals section helped identify
 applicants whom they would have otherwise overlooked. About 25%-35% of respondents thought
 applicants who signaled their program were better aligned than those who did not. Around half of
 respondents agreed applicants who signaled their program were more likely to accept interview
 invitations.



Table 12. Did you use information from the preference signals section during the application process?

Choice	Dermatology % (n)	General Surgery % (n)	Internal Medicine % (n)
Yes	98% (49)	80% (59)	89% (93)
No	2% (1)	20% (15)	11% (12)
Total	100% (50)	100% (74)	100% (105)

Table 13. How important were preference signals at each of the following stages of the application process?

Stage and Specialty	N	Did Not Use* % (n)	Used* % (n)	Not Important % (n)	Somewhat Important % (n)	Important % (n)	Very Important % (n)	Important or Very Important % (n)
As a screening	tool, b	pefore application	ation review					
Dermatology	49	29% (14)	71% (35)	9% (3)	17% (6)	29% (10)	46% (16)	74% (26)
General Surgery	61	23% (14)	77% (47)	17% (8)	28% (13)	21% (10)	34% (16)	55% (26)
Internal Medicine	92	12% (11)	88% (81)	12% (10)	21% (17)	21% (17)	46% (37)	67% (54)
Sending intervi	ew inv	vitations to ev	ery applica	nt that selecte	ed my program			
Dermatology	49	49% (24)	51% (25)	44% (11)	28% (7)	20% (5)	8% (2)	28% (7)
General Surgery	61	33% (20)	67% (41)	68% (28)	15% (6)	10% (4)	7% (3)	17% (7)
Internal Medicine	91	18% (16)	82% (75)	28% (21)	37% (28)	21% (16)	13% (10)	35% (26)
As part of a ho	listic p	rocess to hel	p decide wh	no to interview	1			
Dermatology	49	4% (2)	96% (47)	2% (1)	13% (6)	47% (22)	38% (18)	85% (40)
General Surgery	61	5% (3)	95% (58)	16% (9)	40% (23)	29% (17)	16% (9)	45% (26)
Internal Medicine	93	4% (4)	96% (89)	11% (10)	22% (20)	33% (29)	34% (30)	66% (59)



Stage and Specialty	N	Did Not Use* % (n)	Used* % (n)	Not Important % (n)	Somewhat Important % (n)	Important % (n)	Very Important % (n)	Important or Very Important % (n)
As a tie breake	er whe	n deciding wh	no to intervi	ew				
Dermatology	49	6% (3)	94% (46)	7% (3)	20% (9)	35% (16)	39% (18)	74% (34)
General Surgery	61	16% (10)	84% (51)	10% (5)	31% (16)	35% (18)	24% (12)	59% (30)
Internal Medicine	90	12% (11)	88% (79)	15% (12)	24% (19)	27% (21)	34% (27)	61% (48)
To prepare for	the int	erview						
Dermatology	48	50% (24)	50% (24)	38% (9)	54% (13)	4% (1)	4% (1)	8% (2)
General Surgery	60	45% (27)	55% (33)	61% (20)	15% (5)	15% (5)	9% (3)	24% (8)
Internal Medicine	92	35% (32)	65% (60)	47% (28)	27% (16)	17% (10)	10% (6)	27% (16)
During the inte	rview	to stimulate o	questions					
Dermatology	48	56% (27)	44% (21)	43% (9)	48% (10)	10% (2)	0% (0)	10% (2)
General Surgery	61	49% (30)	51% (31)	65% (20)	23% (7)	3% (1)	10% (3)	13% (4)
Internal Medicine	90	44% (40)	56% (50)	68% (34)	8% (4)	18% (9)	6% (3)	24% (12)
Other								
Dermatology	14	71% (10)	29% (4)	25% (1)	0% (0)	0% (0)	75% (3)	75% (3)
General Surgery	23	57% (13)	43% (10)	60% (6)	10% (1)	20% (2)	10% (1)	30% (3)
Internal Medicine	27	78% (21)	22% (6)	50% (3)	0% (0)	17% (1)	33% (2)	50% (3)

^{*}Respondents who selected "No" for the question "Did you use information from the preference signals section ...?" were excluded from this analysis.



Table 14. Responses to the Preference Signals Questions

Statement and Specialty	N*	Strongly Disagree % (n)	Disagree % (n)	Neither Agree nor Disagree % (n)	Agree % (n)	Strongly Agree % (n)	Agree or Strongly Agree % (n)
Preference sig	nals h	nelped me ider	ntify applican	nts whom I wou	uld have other	wise overlook	ked.
Dermatology	48	4% (2)	4% (2)	8% (4)	35% (17)	48% (23)	83% (40)
General Surgery	61	5% (3)	11% (7)	8% (5)	43% (26)	33% (20)	75% (46)
Internal Medicine	93	3% (3)	8% (7)	8% (7)	35% (33)	46% (43)	82% (76)
Based on a rev		of their applica	tion, applicar	nts who signal	ed my prograr	n were better	aligned than
Dermatology	49	6% (3)	8% (4)	51% (25)	27% (13)	8% (4)	35% (17)
General Surgery	61	7% (4)	28% (17)	41% (25)	18% (11)	7% (4)	25% (15)
Internal Medicine	93	6% (6)	14% (13)	47% (44)	22% (20)	11% (10)	32% (30)
Applicants who	sign	aled my progra	am were mo	re likely to acc	ept interview i	nvitations.	
Dermatology	49	10% (5)	6% (3)	39% (19)	24% (12)	20% (10)	45% (22)
General Surgery	61	3% (2)	10% (6)	44% (27)	28% (17)	15% (9)	43% (26)
Internal Medicine	90	4% (4)	6% (5)	36% (32)	23% (21)	31% (28)	54% (49)

^{*}Respondents who selected "No" for the question "Did you use information from the preference signals section ...?" were excluded from this analysis.



Accessing and Using the Dashboards

- Respondents across the three specialties primarily used the Supplemental ERAS Application: Guide for Residency Programs (68%-82% of respondents) and AAMC website (69%-81% of respondents).
 Most respondents found these resources useful in helping them prepare for and/or use the supplemental ERAS application.
- About 22%-40% of respondents, by specialty, agreed the visuals (i.e., timeline, bar charts, and five
 most meaningful experiences tiles) on the candidate dashboard provided a useful snapshot of the
 applicant. About 32%-60% of respondents, by specialty, thought the circle icons used to display
 geographic preferences and preference signals on the dashboards were easy to understand.
- Over half of respondents from dermatology and internal medicine programs did not draw any
 conclusions from the white circle or blank for region preference. Less than 25% of respondents
 interpreted the white circle or blank region as the applicant not being interested in their program's
 region or the applicant was unwilling or afraid to provide a response.
- Most respondents indicated they had difficulty working between the two systems (supplemental ERAS application dashboard and the Program Director's Workstation (PDWS)). About 32%-67% of respondents, by specialty, had difficulty utilizing the raw data downloaded from the dashboard and navigating the dashboard in general.

Table 15. How useful were the following resources in helping you prepare for and/or use the supplemental ERAS application?

Stage and Specialty	N	Did Not Use* % (n)	Used* % (n)	Not Useful % (n)	Somewhat Useful % (n)	Useful % (n)	Somewhat Useful or Useful % (n)
Supplemental E	RAS A	pplication: Gui	de for Reside	ency Programs			
Dermatology	50	20% (10)	80% (40)	8% (3)	73% (29)	20% (8)	93% (37)
General Surgery	75	32% (24)	68% (51)	12% (6)	69% (35)	20% (10)	88% (45)
Internal Medicine	99	18% (18)	82% (81)	6% (5)	77% (62)	17% (14)	94% (76)
AAMC supplem	ental E	RAS application	n website				
Dermatology	48	29% (14)	71% (34)	12% (4)	74% (25)	15% (5)	88% (30)
General Surgery	70	31% (22)	69% (48)	17% (8)	71% (34)	13% (6)	83% (40)
Internal Medicine	95	19% (18)	81% (77)	22% (17)	61% (47)	17% (13)	78% (60)
Incorporating th	e Supp	lemental ERAS	S Application	into your Resid	dency Selection F	Process Video	
Dermatology	50	62% (31)	38% (19)	26% (5)	58% (11)	16% (3)	74% (14)
General Surgery	75	60% (45)	40% (30)	30% (9)	57% (17)	13% (4)	70% (21)
Internal Medicine	98	51% (50)	49% (48)	35% (17)	46% (22)	19% (9)	65% (31)



Stage and Specialty	N	Did Not Use* % (n)	Used* % (n)	Not Useful % (n)	Somewhat Useful % (n)	Useful % (n)	Somewhat Useful or Useful % (n)
Supplemental E	RAS A	pplication Prog	gram Dashboa	ard Video			
Dermatology	49	63% (31)	37% (18)	22% (4)	61% (11)	17% (3)	78% (14)
General Surgery	74	54% (40)	46% (34)	32% (11)	53% (18)	15% (5)	68% (23)
Internal Medicine	99	57% (56)	43% (43)	23% (10)	63% (27)	14% (6)	77% (33)
Supplemental E	RAS A	pplication Can	didate Dashb	oard Video			
Dermatology	49	78% (38)	22% (11)	45% (5)	45% (5)	9% (1)	55% (6)
General Surgery	74	69% (51)	31% (23)	39% (9)	48% (11)	13% (3)	61% (14)
Internal Medicine	99	70% (69)	30% (30)	33% (10)	57% (17)	10% (3)	67% (20)
Supplemental E	RAS A	pplication Das	hboard Job A	id			
Dermatology	49	71% (35)	29% (14)	29% (4)	64% (9)	7% (1)	71% (10)
General Surgery	74	68% (50)	32% (24)	42% (10)	50% (12)	8% (2)	58% (14)
Internal Medicine	98	68% (67)	32% (31)	35% (11)	52% (16)	13% (4)	65% (20)
Others							
Dermatology	10	70% (7)	30% (3)	0% (0)	0% (0)	100% (3)	100% (3)
General Surgery	19	68% (13)	32% (6)	33% (2)	67% (4)	0% (0)	67% (4)
Internal Medicine	28	71% (20)	29% (8)	50% (4)	0% (0)	50% (4)	50% (4)



Table 16. Responses to the Dashboard User Experience Questions

Statement and Specialty	N	Strongly Disagree % (n)	Disagree % (n)	Neither Agree nor Disagree % (n)	Agree % (n)	Strongly Agree % (n)	Agree or Strongly Agree % (n)
The visuals (i.e Dashboard pro					eriences tiles)	on the Candid	date
Dermatology	50	4% (2)	22% (11)	34% (17)	32% (16)	8% (4)	40% (20)
General Surgery	73	14% (10)	21% (15)	37% (27)	22% (16)	7% (5)	29% (21)
Internal Medicine	99	15% (15)	19% (19)	43% (43)	19% (19)	3% (3)	22% (22)
The circle iconswere easy to u			ographic pre	eferences and	d preference s	signals on the o	dashboards
Dermatology	50	4% (2)	12% (6)	24% (12)	48% (24)	12% (6)	60% (30)
General Surgery	71	10% (7)	14% (10)	44% (31)	24% (17)	8% (6)	32% (23)
Internal Medicine	100	12% (12)	8% (8)	32% (32)	38% (38)	10% (10)	48% (48)



Table 17. How did you interpret a white circle or blank for region preference? (Select all that apply)

Choice	Dermatology % (n)	Internal Medicine % (n)
Applicant was not interested in my program's region	31% (15)	21% (20)
Applicant was afraid to provide a response	27% (13)	10% (10)
Applicant was unwilling to provide a response	27% (13)	18% (17)
Did not draw any conclusions	51% (25)	67% (65)
Other	6% (3)	4% (4)
Total	100% (49*)	100% (97*)

^{*}Number of unique respondents who selected at least one choice on this question.

Table 18. I had difficulty ... (select all that apply):

Choice	Dermatology % (n)	General Surgery % (n)	Internal Medicine % (n)
Activating my dashboard account	30% (14)	19% (11)	11% (10)
Navigating the dashboard generally	54% (25)	39% (23)	40% (38)
Evaluating applicants' responses	26% (12)	14% (8)	16% (15)
Utilizing the raw data downloaded from my dashboard	67% (31)	32% (19)	51% (48)
Working in 2 systems (supplemental ERAS application dashboard and the PDWS)	93% (43)	81% (48)	88% (83)
Other	13% (6)	14% (8)	16% (15)
Total	100% (46)	100% (59)	100% (94)

^{*}Number of unique respondents who selected at least one choice for this question.



Supplemental ERAS Application Year 2

- About 64%-88% of respondents, by specialty, indicated they will likely use the supplemental ERAS
 application for the 2022-2023 cycle.
- Features selected to be "must haves" on the dashboard varied by specialty. Across all three specialties, the top features selected to be "must haves" on the dashboard included displaying the program preference signal, searching applicants by last name, and creating and saving filters.
- Over half of respondents across the three specialties indicated including clerkship grades and USMLE Step 1 and COMLEX exam data in the supplemental ERAS application would make it easier to use in year 2.
- Around 70% of respondents across the three specialties indicated it was important to release the
 applicant data for the supplemental ERAS application dashboard on the same day as the PDWS.
 About 58%-71% of respondents indicated their process will be impacted significantly if the applicant
 data for the supplemental ERAS application dashboard was released 7-10 days after the PDWS.

Table 19. How likely is your program to use the supplemental ERAS application for the 2022-2023 cycle?

Specialty	N	Definitely Will Not % (n)	Not Likely % (n)	Likely % (n)	Very Likely % (n)	Likely or Very Likely % (n)
Dermatology	49	0% (0)	12% (6)	45% (22)	43% (21)	88% (43)
General Surgery	72	3% (2)	33% (24)	35% (25)	29% (21)	64% (46)
Internal Medicine	101	2% (2)	28% (28)	41% (41)	30% (30)	70% (71)



Table 20. Please select the features you would like to see for future versions of the supplemental ERAS application.

		Not Necessary	Nice to Have	Must Have
Feature and Specialty	N	% (n)	% (n)	% (n)
5 meaningful experience de	tails			
Dermatology	49	39% (19)	39% (19)	22% (11)
General Surgery	65	46% (30)	45% (29)	9% (6)
Internal Medicine	94	62% (58)	32% (30)	6% (6)
5 meaningful experience es	says			
Dermatology	49	49% (24)	37% (18)	14% (7)
General Surgery	65	57% (37)	37% (24)	6% (4)
Internal Medicine	93	77% (72)	20% (19)	2% (2)
Impactful life experience ess	say			
Dermatology	49	33% (16)	37% (18)	31% (15)
General Surgery	64	41% (26)	47% (30)	13% (8)
Internal Medicine	93	54% (50)	39% (36)	8% (7)
Geographic preferences				
Dermatology	48	17% (8)	38% (18)	46% (22)
General Surgery	67	13% (9)	55% (37)	31% (21)
Internal Medicine	96	13% (12)	47% (45)	41% (39)
Program preference signal				
Dermatology	49	2% (1)	27% (13)	71% (35)
General Surgery	68	13% (9)	25% (17)	62% (42)
Internal Medicine	97	4% (4)	25% (24)	71% (69)
Add more than 5 users to ac	ccess the dashbo	ards		
Dermatology	49	12% (6)	12% (6)	76% (37)
General Surgery	62	61% (38)	23% (14)	16% (10)
Internal Medicine	96	36% (35)	30% (29)	33% (32)
Search applicants on the ma	ain dashboard by	last name		
Dermatology	48	0% (0)	6% (3)	94% (45)
General Surgery	63	14% (9)	30% (19)	56% (35)
Internal Medicine	95	7% (7)	21% (20)	72% (68)



Feature and Specialty	N	Not Necessary % (n)	Nice to Have % (n)	Must Have % (n)
Assign applicants to reviewe	ers			
Dermatology	49	20% (10)	37% (18)	43% (21)
General Surgery	65	45% (29)	40% (26)	15% (10)
Internal Medicine	91	32% (29)	41% (37)	27% (25)
Create and save filters				
Dermatology	47	6% (3)	34% (16)	60% (28)
General Surgery	65	9% (6)	45% (29)	46% (30)
Internal Medicine	97	7% (7)	32% (31)	61% (59)
Ability to sort multiple colum	ns at a time			
Dermatology	48	10% (5)	48% (23)	42% (20)
General Surgery	65	18% (12)	40% (26)	42% (27)
Internal Medicine	94	7% (7)	34% (32)	59% (55)
Save a subset of applicants				
Dermatology	48	6% (3)	40% (19)	54% (26)
General Surgery	65	20% (13)	43% (28)	37% (24)
Internal Medicine	96	7% (7)	39% (37)	54% (52)
Download a subset of applic	cants' responses			
Dermatology	49	10% (5)	39% (19)	51% (25)
General Surgery	66	24% (16)	50% (33)	26% (17)
Internal Medicine	90	18% (16)	43% (39)	39% (35)
Save or print a copy of the a	applicant's Candid	date Dashboard		
Dermatology	48	8% (4)	44% (21)	48% (23)
General Surgery	66	26% (17)	48% (32)	26% (17)
Internal Medicine	91	21% (19)	51% (46)	29% (26)
Other				
Dermatology	7	43% (3)	0% (0)	57% (4)
General Surgery	16	50% (8)	13% (2)	38% (6)
Internal Medicine	31	35% (11)	10% (3)	55% (17)



Table 21. Which of the following information would you like to see included in the supplemental ERAS application to make it easier to use in year 2 (select all that apply)?

Information	Dermatology % (n)	General Surgery % (n)	Internal Medicine % (n)
Clerkship grades	82% (28)	62% (37)	58% (42)
Membership in honor societies (e.g., AOA, GHHS)	47% (16)	48% (29)	33% (24)
USMLE Step exam and COMLEX exam data	50% (17)	70% (42)	65% (47)
Other	18% (6)	15% (9)	18% (13)
Total*	100% (34)	100% (60)	100% (72)

^{*}Number of unique respondents who selected at least one choice on this question. AOA = Alpha Omega Alpha; GHHS = Gold Humanism Honor Society.



Table 22. How important is it to release the applicant data for the supplemental ERAS application dashboard on the same day as the PDWS?

Specialty	N	Not Important % (n)	Somewhat Important % (n)	Important % (n)	Very Important % (n)	Important or Very Important % (n)
Dermatology	48	8% (4)	19% (9)	35% (17)	38% (18)	73% (35)
General Surgery	71	10% (7)	24% (17)	21% (15)	45% (32)	66% (47)
Internal Medicine	100	7% (7)	20% (20)	22% (22)	51% (51)	73% (73)

Table 23. My process will be impacted significantly if the applicant data for the supplemental ERAS application dashboard was released 7-10 days after the PDWS.

Specialty	N	Strongly Disagree % (n)	Disagree % (n)	Neither Agree nor Disagree % (n)	Agree % (n)	Strongly Agree % (n)	Agree or Strongly Agree % (n)
Dermatology	48	6% (3)	8% (4)	23% (11)	46% (22)	17% (8)	63% (30)
General Surgery	71	8% (6)	11% (8)	23% (16)	34% (24)	24% (17)	58% (41)
Internal Medicine	100	5% (5)	8% (8)	16% (16)	25% (25)	46% (46)	71% (71)



Overall

• Around 38%-46% and 48%-56% of respondents, by specialty, were satisfied or very satisfied with the usability of the program (i.e., dashboard with summary of the applicant pool) and candidate (i.e., dashboard with summary of the individual candidate) dashboards, respectively (Table 24).

Table 24. Overall, how satisfied are you with the usability of the following?

Resource and Specialty	N	Very Unsatisfied % (n)	Unsatisfied % (n)	Satisfied % (n)	Very Satisfied % (n)	Satisfied or Very Satisfied % (n)		
Program dashboard (i.e., dashboard with summary of the applicant pool)								
Dermatology	48	10% (5)	52% (25)	33% (16)	4% (2)	38% (18)		
General Surgery	67	7% (5)	46% (31)	43% (29)	3% (2)	46% (31)		
Internal Medicine	91	18% (16)	43% (39)	36% (33)	3% (3)	40% (36)		
Candidate dashboard (i.e., dashboard with summary of individual candidate)								
Dermatology	45	4% (2)	40% (18)	47% (21)	9% (4)	56% (25)		
General Surgery	67	7% (5)	39% (26)	49% (33)	4% (3)	54% (36)		
Internal Medicine	88	15% (13)	38% (33)	43% (38)	5% (4)	48% (42)		