

THE OTOLARYNGOLOGY SIGNALING EXPERIENCE

Tamara N. Chambers, MD, FACS
Associate Program Director

USC Caruso Department of Otolaryngology-Head & Neck Surgery

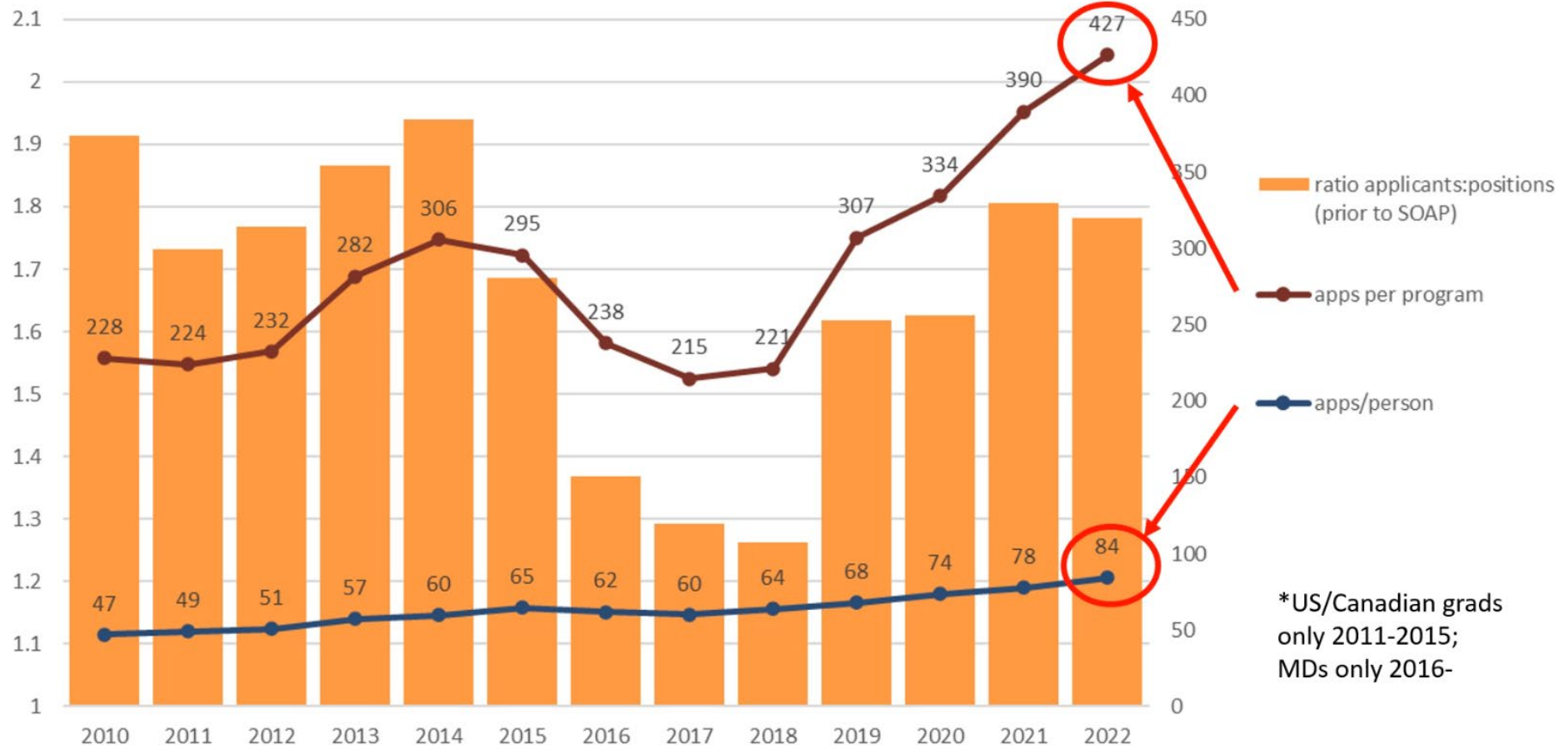
Otolaryngology Program Directors Organization (OPDO)

Steve Pletcher, Sonya Malekzadeh, David Chang, Marc Thorne, Eric Dobratz, Barry Schaitkin,
Rosemary Stocks, Emily Maurer, Katie Fitzgerald

Acknowledge AAMC/ERAS Collaborators: Bobby Naemi, Dana Dunleavy, Renee Overton, Joe Costa



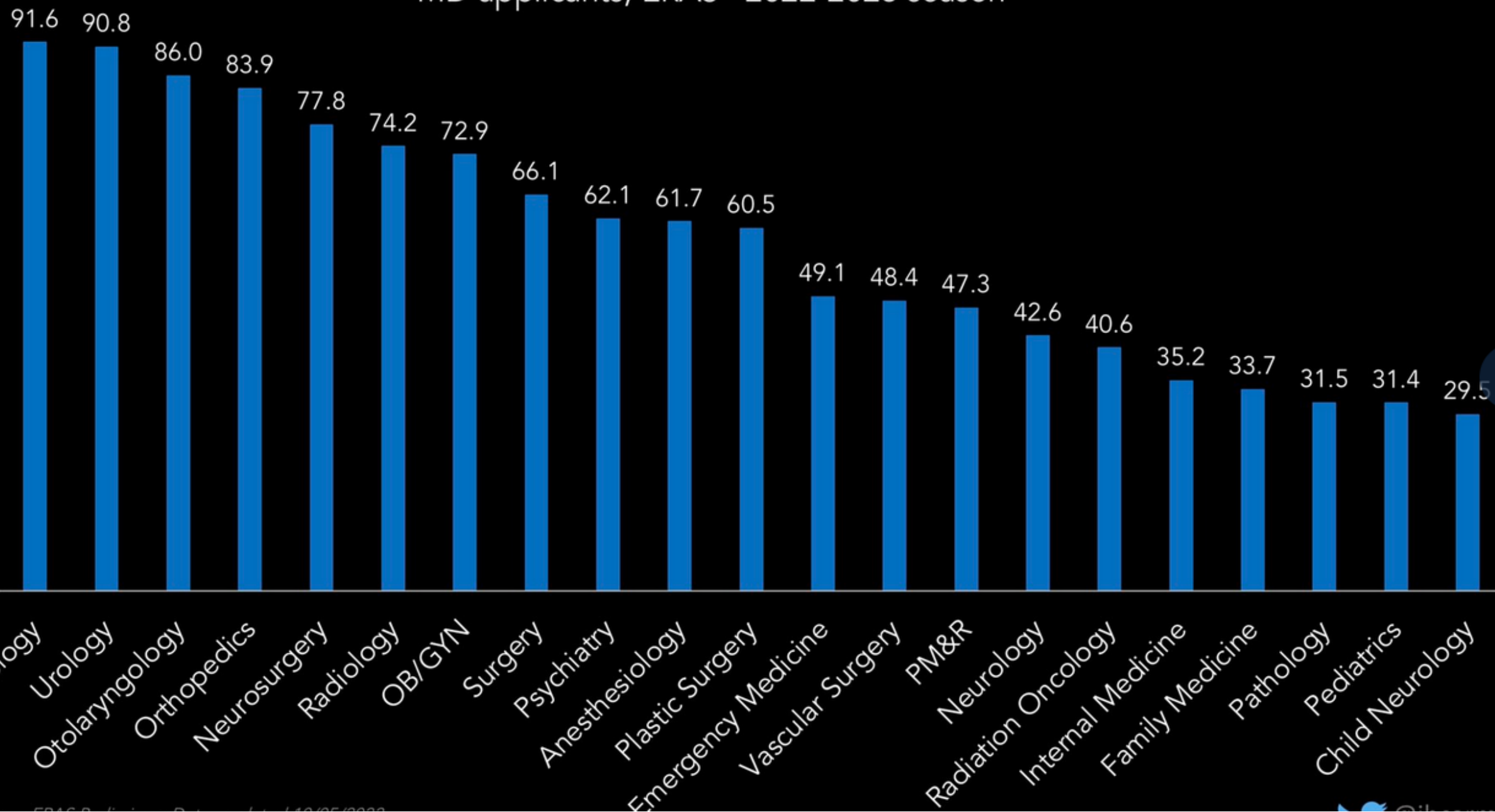
Otolaryngology



*US/Canadian grads only 2011-2015; MDs only 2016-

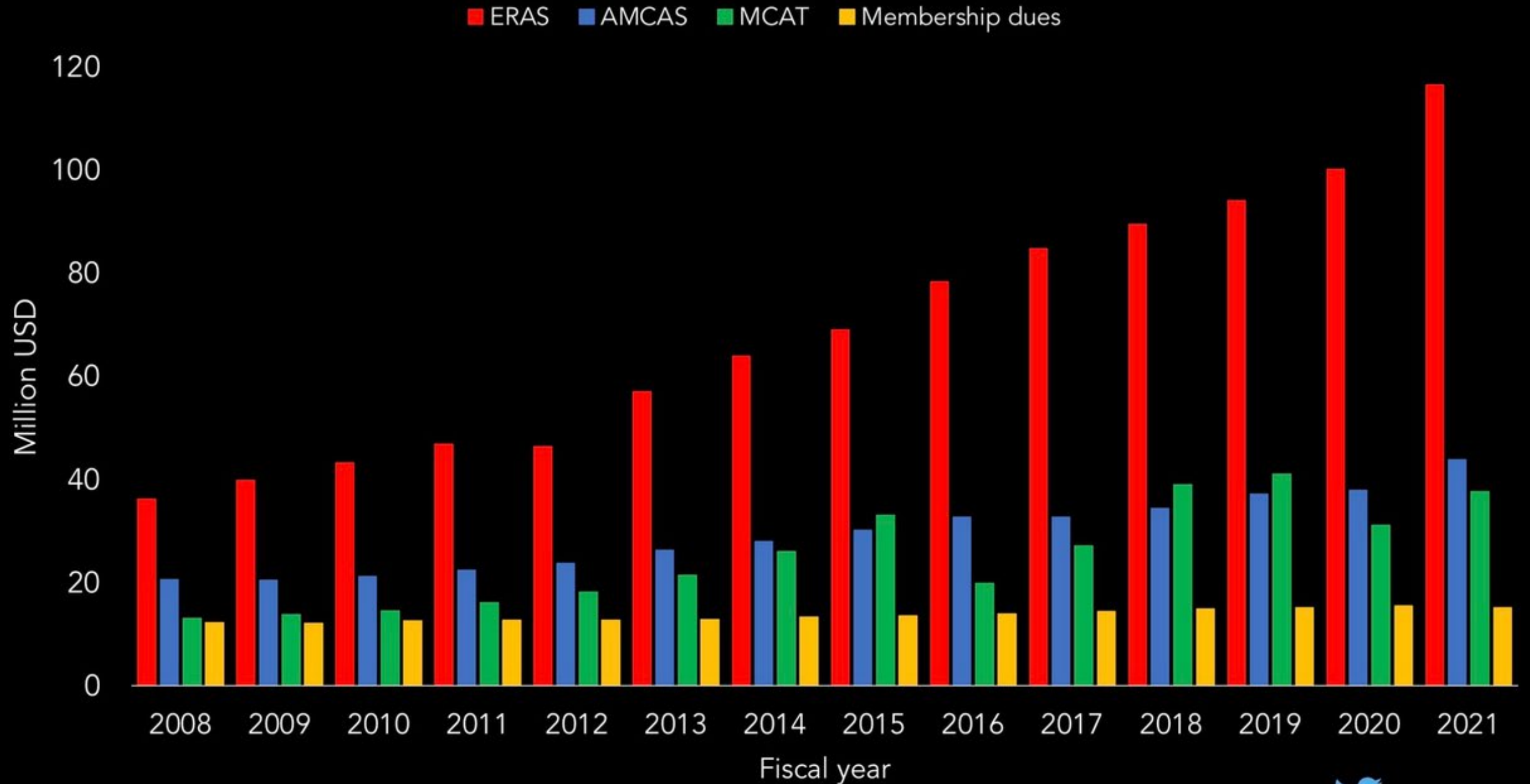
Mean residency applications submitted per applicant, by specialty

MD applicants; ERAS® 2022-2023 season



Association of American Medical Colleges (AAMC)

Revenue by program, 2008-2021



The Problem

- Programs struggle to identify interested applicants
- Applicants struggle to stand out to programs of interest

Goals of Signaling

- Improve ability of applicants to obtain interview offers from programs of particular interest
- Improve ability of residencies to identify applicants with particular interest in their program
- Innovate in an area of stagnation

What is Preference Signaling?

- System that provides applicants with a defined number of signals to send to programs of interest
- Programs receive a list of applicants who have sent them a signal
 - No access to other programs applicants choose to signal & queries of students about signaling choices prohibited
- Credible method for applicants to inform programs of their interest

Approach: Preference Signaling

2021 Match Cycle

- 5 Signals per applicant
- All signals with equal weight
- Programs only see list of applicants that have sent them signals
- Cannot signal home program (or visiting Subl program)

2022 Match Cycle

- 4 Signals per applicant
- All signals with equal weight
- Programs only see list of applicants that have sent them signals
- Cannot signal home program or visiting Subl program(s)

Drivers to Initiate Preference Signaling

- Strategy to manage increasing application numbers
- Desire to improve distribution of interview offers
 - Concerns regarding “Interview Hoarding” with virtual interviews
- Equitably align applicant/program interests at interview offer phase
 - Most applicants eliminated from consideration during interview selection phase
 - Informal signals likely exacerbate inequities
- Innovate in an area of stagnation

OTOMATCH2022

643 applicants

574 applicants in Match

 559 applicants who signaled

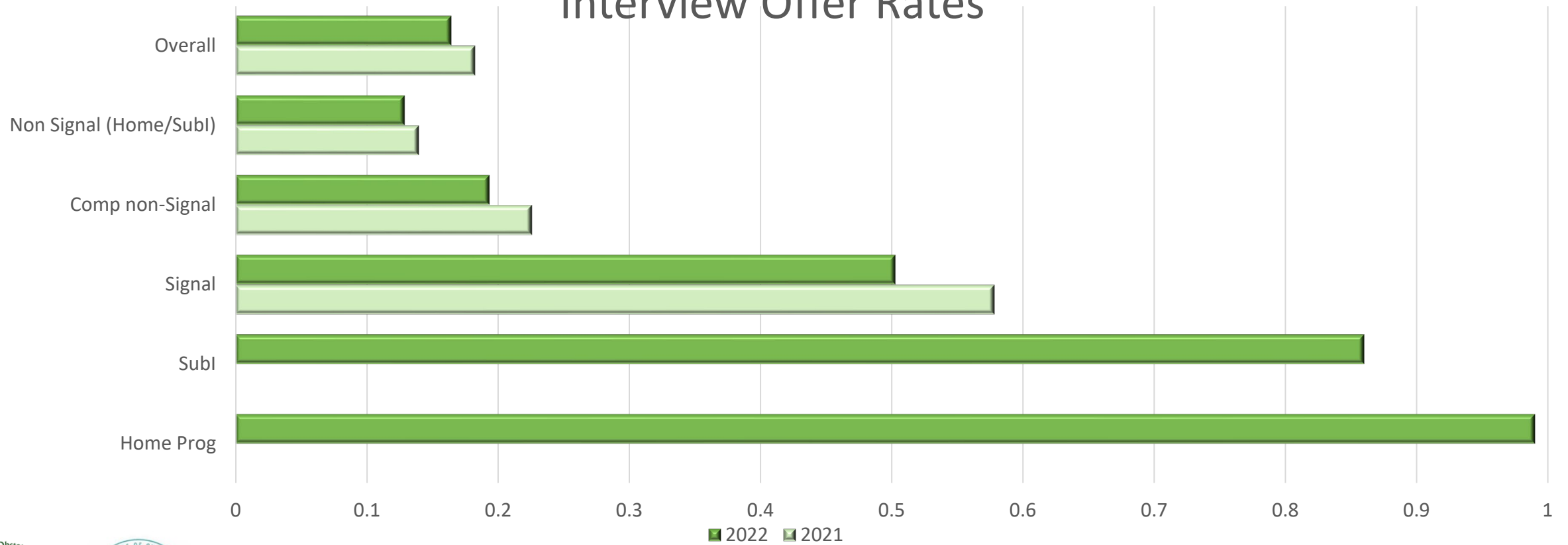
463 US MD Srs in Match

361 positions

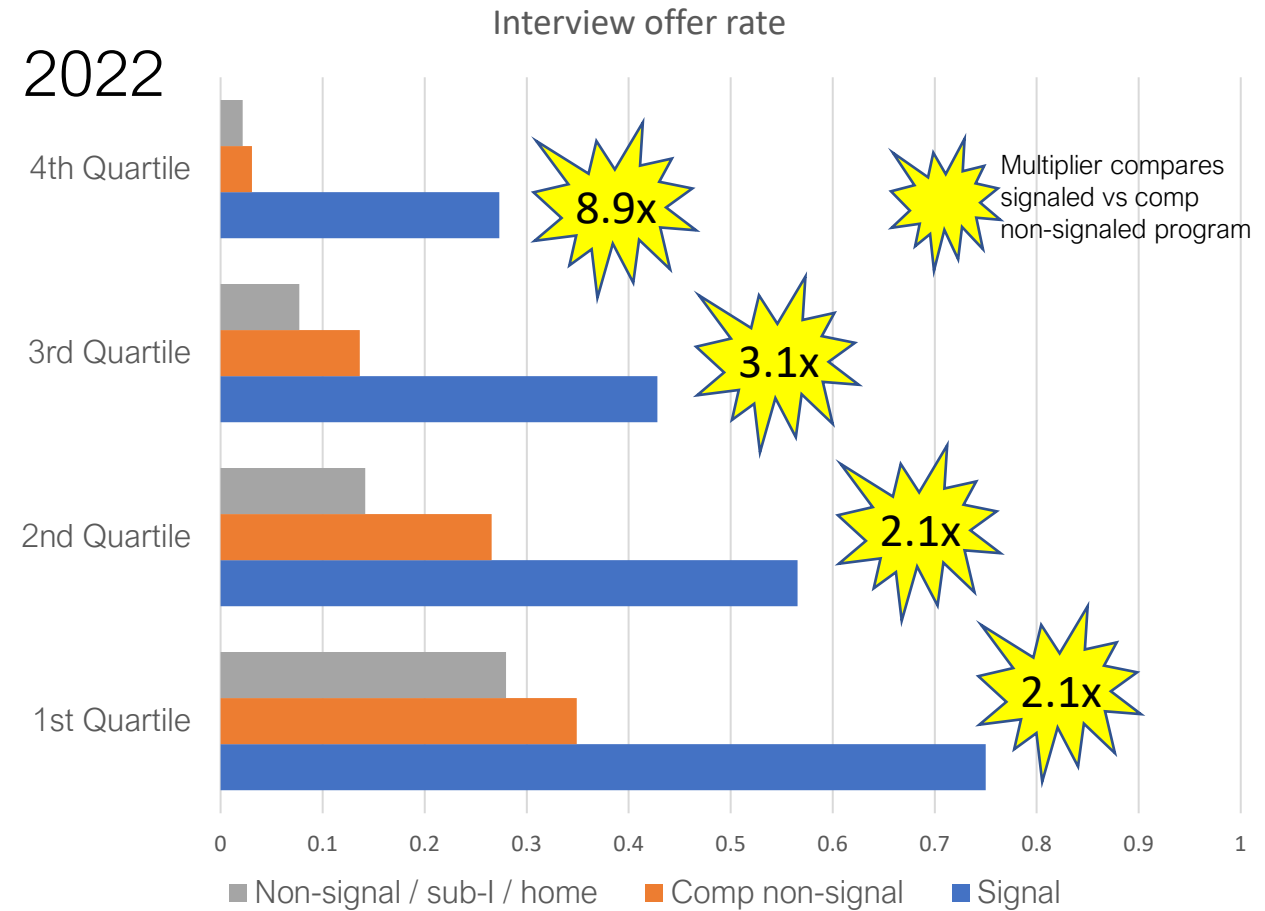
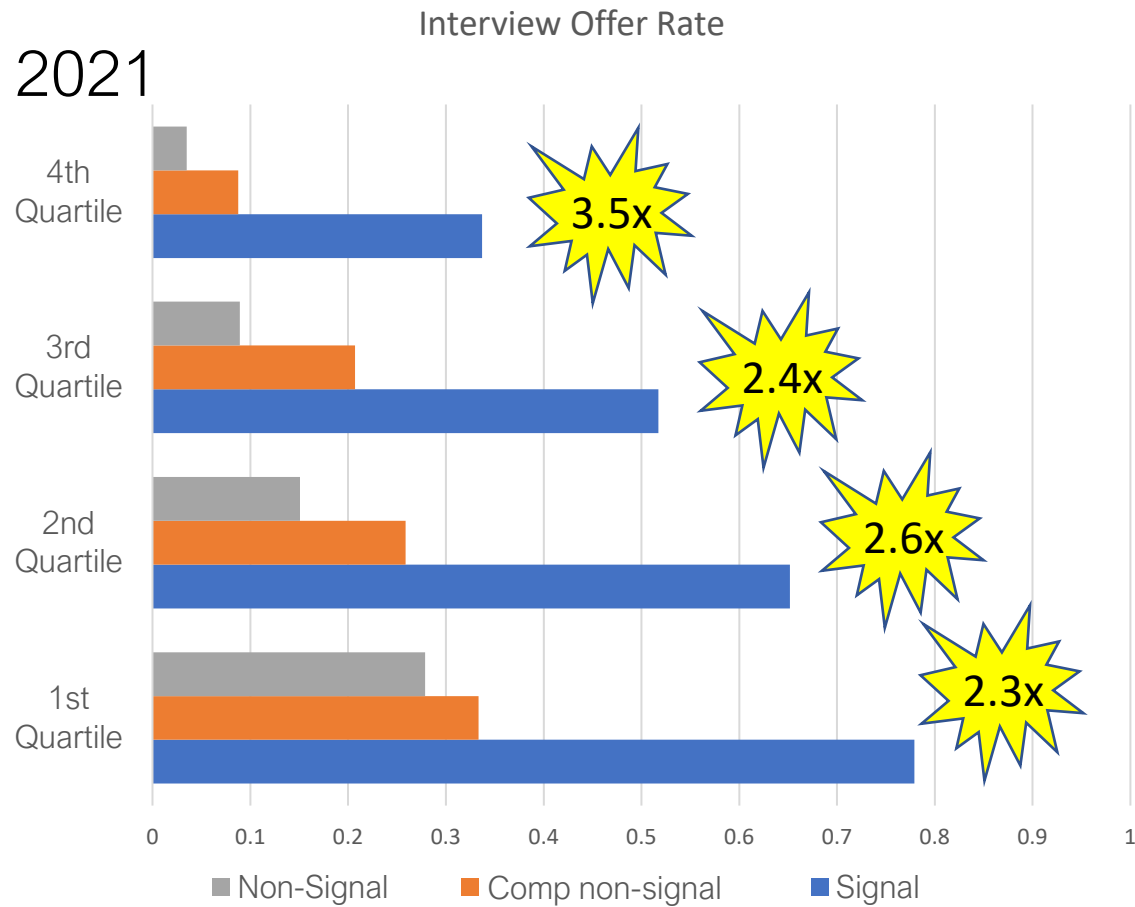
0 unfilled

Impact of Signaling

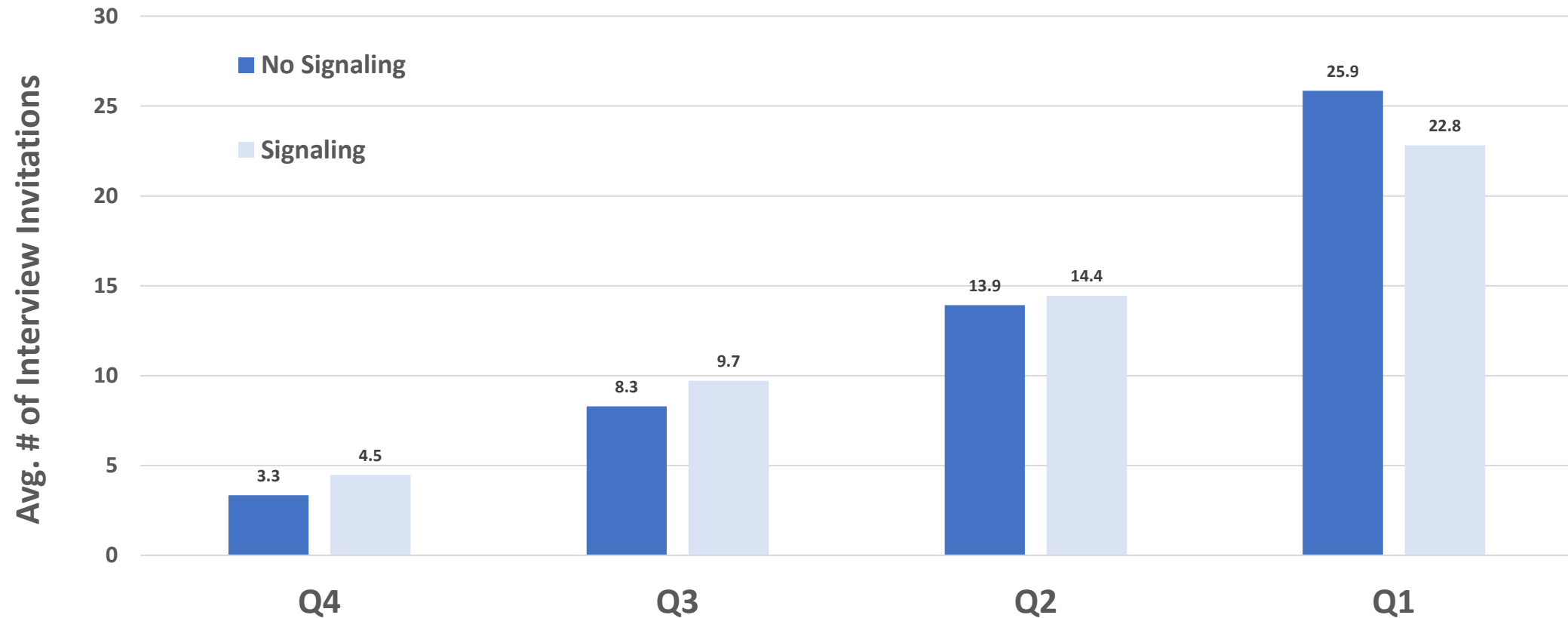
Interview Offer Rates



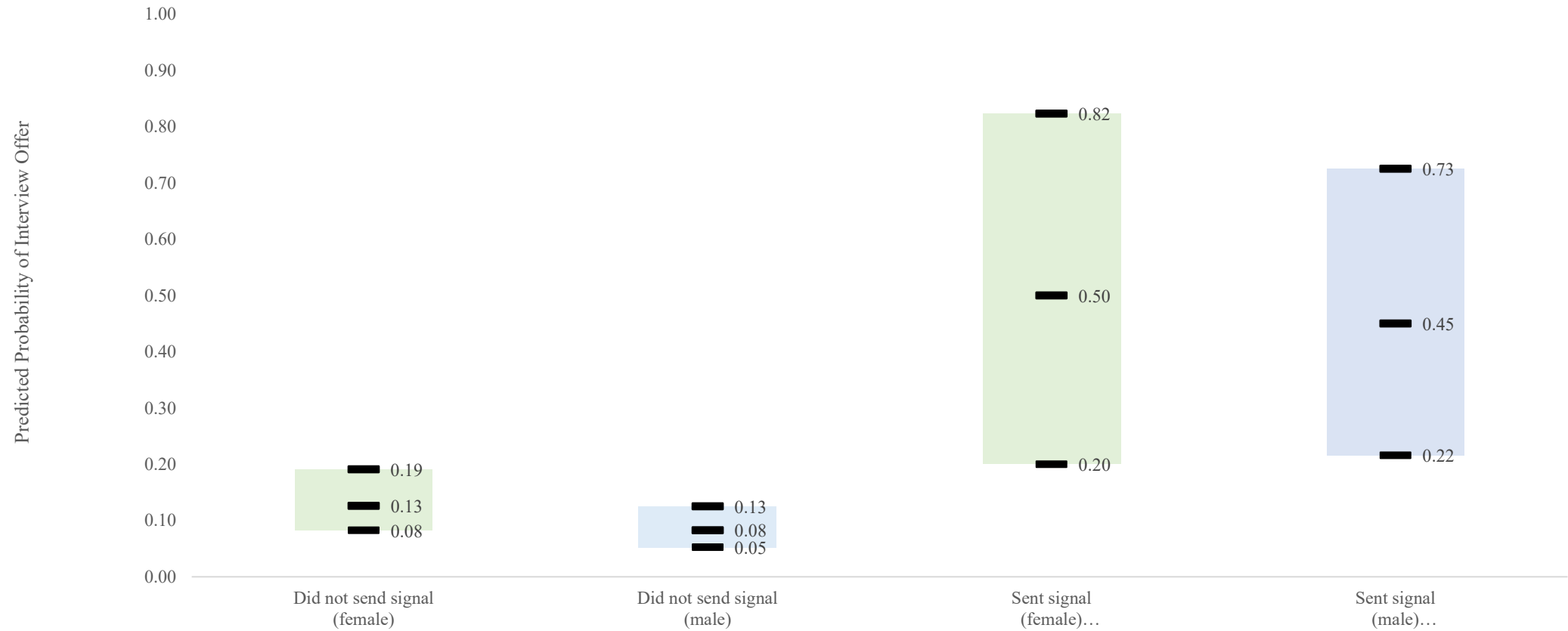
Interview offer rate by quartiles



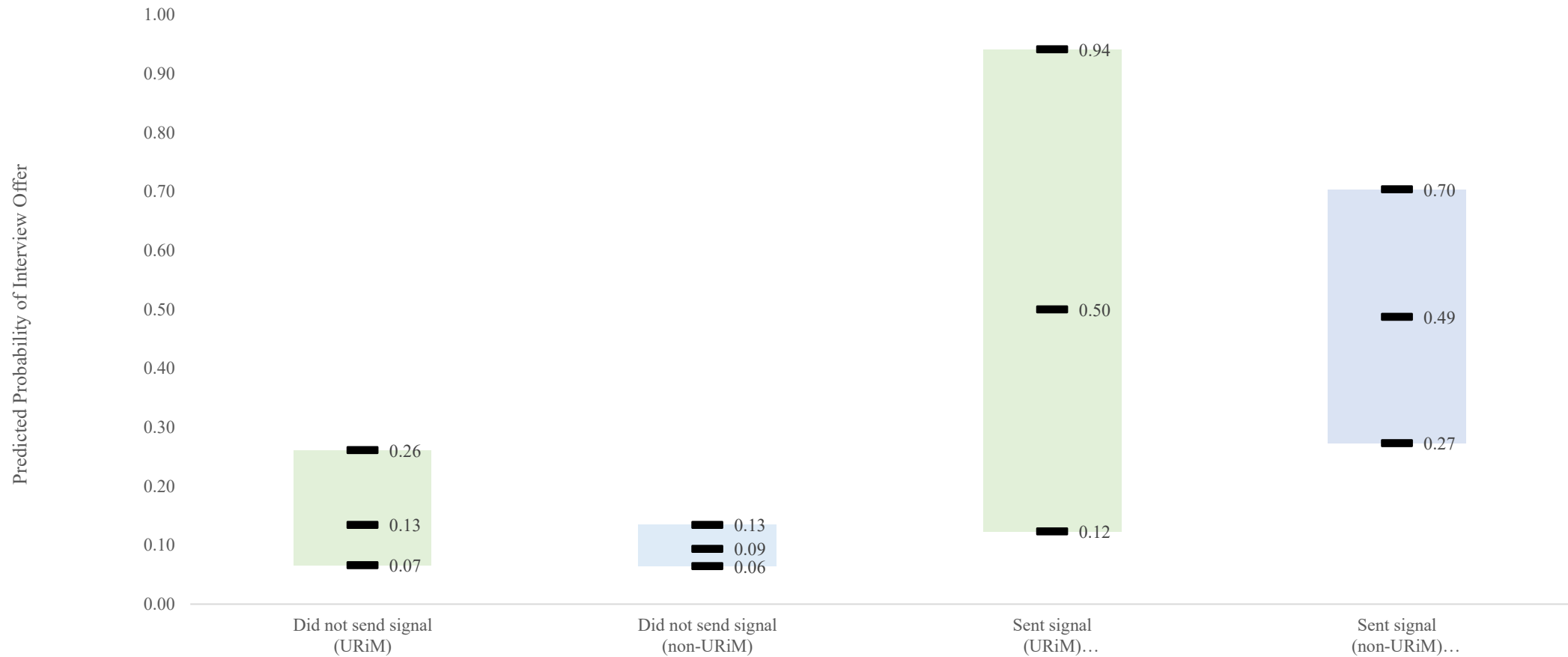
Redistribution of Interviews with Signaling



Probability of Interview Invitation by Gender



Probability of Interview Invitation by URM Status

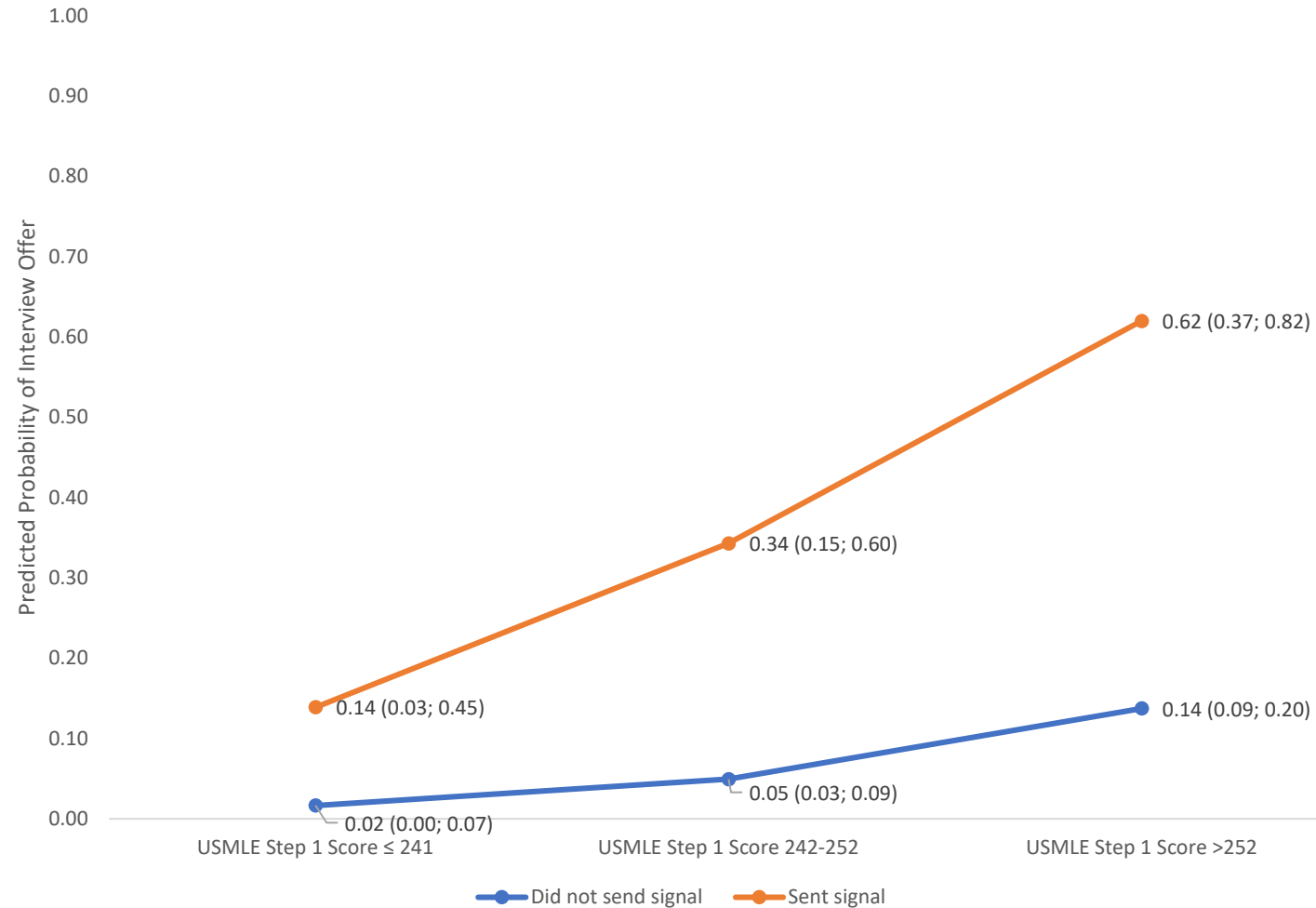


Signaling 2023

Specialty	Experiences	Geographic Preferences	# of Program Signals
Adult Neurology	Yes	Yes	3
Anesthesiology	Yes	Yes	5
Dermatology	Yes	Yes	3
Diagnostic Radiology and Interventional Radiology	Yes	Yes	6
Emergency Medicine	No	No	5
General Surgery	Yes	Yes	5
Internal Medicine (Categorical)	Yes	Yes	7
Internal Medicine/Psychiatry	Yes	Yes	2
Neurological Surgery	Yes	Yes	0
Obstetrics and Gynecology	No	No	3 (gold) 15 (silver)
Orthopedic Surgery	Yes	Yes	30
Pediatrics	Yes	Yes	5
Physical Medicine and Rehabilitation	Yes	Yes	4
Preventive Medicine	Yes	Yes	3
Psychiatry	Yes	Yes	5

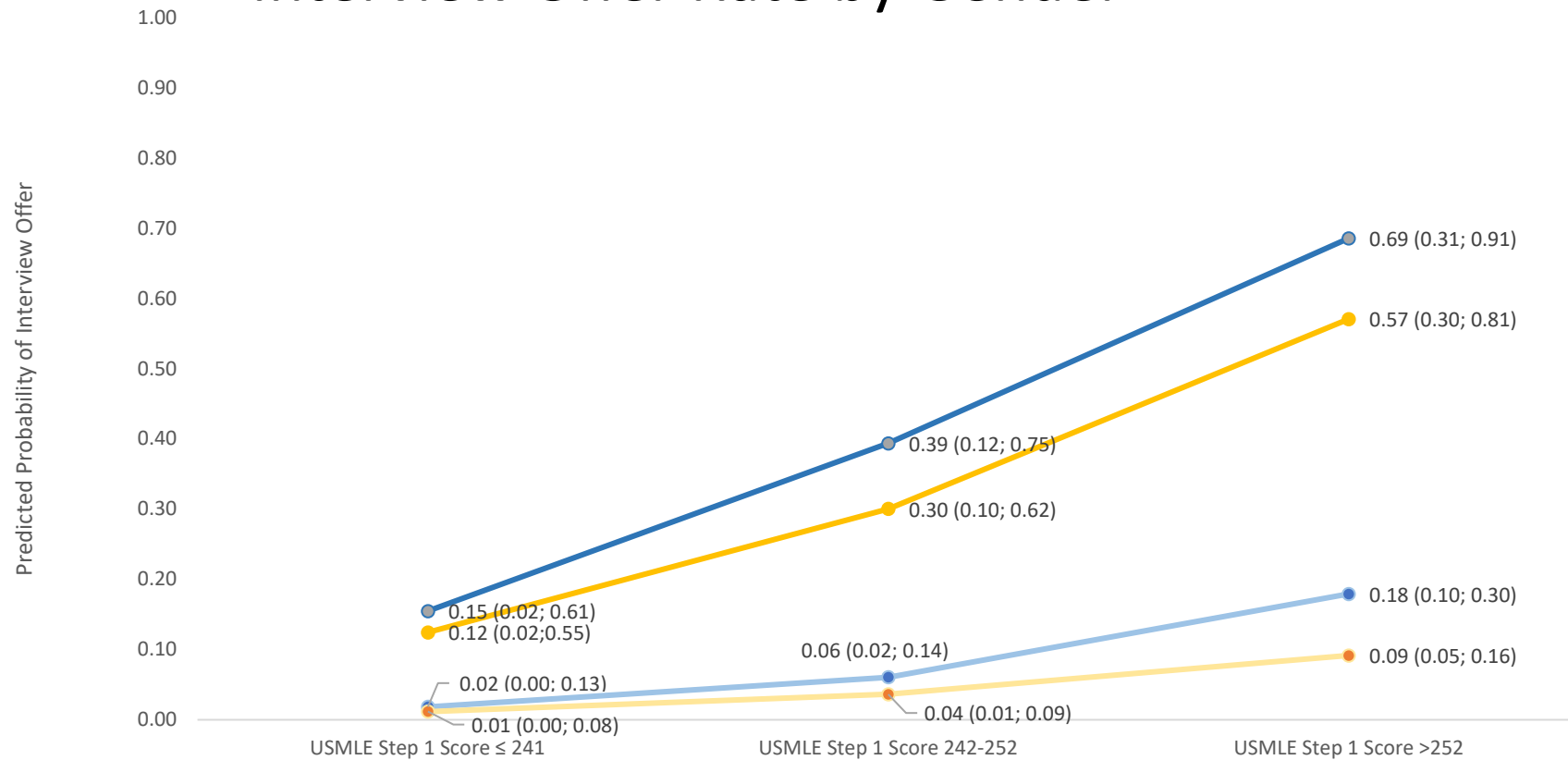
Questions?

Signaling Outcomes by USMLE Score



Signaling Outcomes by Demographic Group

Interview Offer Rate by Gender



Signaling Outcomes by Demographic Group

