

## Council of Residency Directors in Emergency Medicine

### Application Process Improvement Committee (APIC): Best Practices for the 2023-2024 Residency Application and Interview Season

*Approved by the CORD Board of Directors*

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After careful consideration of the AAMC's updated recommendations for the 2023-2024 GME interview season [Interviews in GME: Where Do We Go From Here?](#), the Coalition for Physician Accountability's (CoPA) Undergraduate Medical Education - Graduate Medical Education Review Committee's [Recommendations for Comprehensive Improvement of the UME-GME Transition](#), concerns over the financial and time costs to applicants associated with in-person interviews, the environmental impact associated with interview travel, and a desire for increased fairness and equity, the CORD Application Process Improvement Committee (APIC) issues the following guidance to programs and applicants for the 2023-2024 application and interview cycle in Emergency Medicine:<sup>1-4</sup>

CORD APIC provides the following guidance to programs offering emergency medicine positions:

- **The strongly preferred option is that programs conduct virtual interviews for all applicants during the upcoming 2023-2024 interview cycle.**
  - APIC and CORD recognize there is not a one-size-fits-all approach that works for every program. Should a program opt not to heed this guidance and pursue a format that is not all-virtual, APIC recommends the following considerations:
    - If programs elect to offer in-person interviews, they should also offer a virtual interview option for those applicants who may have financial, time, or curricular constraints.
    - If programs elect to participate in a hybrid approach to interviews (some in-person, some virtual), programs should implement processes to prevent bias favoring those applicants who can participate in-person over virtual candidates, or vice versa.
    - Programs should implement efforts to make virtual and in-person interviews as similar in process as possible, maximizing fairness and equity to applicants.
- **Programs should prominently share their interview season plans on their websites and other relevant media as early as possible, including but not limited to:**
  - Interview format, especially if electing an approach that is not entirely virtual.
  - Date of initial interview offer release.
  - Date after which second look events will occur or dates on which second look events are scheduled, if applicable.

- Participation in the Program Signals part of the new MyERAS application [AAMC ERAS 2024 Participating Specialties & Programs: Emergency Medicine](#).<sup>5</sup>
- Date of intended rank order list submission if offering second-look events.
- **Programs should submit their rank order list prior to hosting any second-look events, either virtual or in-person.**
  - If a program is not able to complete second-look events prior to rank order list preparation and submission, efforts should be made to negate the impact of a virtual or in-person second look on the applicant's rank order list position.
  - If a program offers in-person second look events, the program should implement efforts to minimize bias against applicants who may not have the ability, for whatever reason, to perform in-person second looks.
  - If a program adopts a hybrid approach, they should implement efforts to make virtual and in-person second look events as similar in process as possible, again maximizing fairness and equity to applicants.
- **Programs should prepare for the coming application cycle, prior to reviewing applications and interviewing candidates, by reviewing resources on anti-bias practices.**
  - The Accreditation Council for Graduate Medical Education developed content to address several of these issues, available at [ACGME Equity Matters](#). This site has a subpage dedicated specifically to holistic review, [ACGME Equity Matters Holistic Recruitment Toolkit](#).<sup>2,6,7</sup>
  - Developing virtual resources (e.g., virtual open houses, presentations about the city, etc.) for applicants can improve their perception of prospective training programs.<sup>8</sup>
- **Programs should limit interview invitations to only the number of interview slots available.**
- **Programs should allow a minimum of 72 hours after an initial (non-waitlist) interview invitation is extended for an applicant to accept or decline the offer prior to releasing the interview slot to another candidate.**
- **Programs should schedule interview offers to be released at or after 6 PM (EST) to minimize interruption to education/patient care during daytime hours.**
- **Programs should release final status to applicants (interview offer, rejection, placement on interview waitlist) no later than December 15, 2023, which is intentionally scheduled after the military match date of December 13, 2023.**

CORD APIC provides the following guidance to applicants applying to emergency medicine:

- **Applicants should use reliable data sources, across specialties and specialty-specific, to develop their application and to determine the programs to which they will apply.**<sup>9</sup>
- **Applicants should meet with an experienced advisor in Emergency Medicine to help evaluate the individual needs of the applicant prior to submitting applications.**
  - If an applicant does not have access to an experienced Emergency Medicine advisor, the applicant can request one through the CORD Advising Students

Committee in EM (ASC-EM) distance advising program  
([distanceadvising@cordjobboard.com](mailto:distanceadvising@cordjobboard.com)).

- **While recommendations regarding the number of applications to submit are nuanced and based on applicants' perceived competitiveness and other factors, applicants should limit total applications to no more than 20-40. Applicants should limit total interviews to no more than 10-15 programs.**<sup>10</sup>
  - NRMP data consistently demonstrate that ranking in the range of 10-15 programs confers a Match success rate of >90% for both allopathic and osteopathic applicants.<sup>10,11</sup>
  - International medical graduates, both those who are US citizens and those who are not, typically rank fewer programs and have a Match success rate of >50% in recent years.<sup>10,11</sup>
  - In discussion with an experienced EM advisor, applicants should consider this data, as well as their perceived strength of their application and interviews, in determining their ultimate strategy.
- **Applicants should cancel interviews they no longer plan to attend as early as possible, ideally not less than two weeks prior to the interview date.**

## References:

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3. Shappell E, Fant A, Schnapp B, Craig JP, Ahn J, Babcock C, Gisondi MA. A Novel Collaboration to Reduce the Travel-Related Cost of Residency Interviewing. *West J Emerg Med*. 2017 Apr;18(3):539-543. doi: 10.5811/westjem.2017.1.33085. Epub 2017 Feb 7.
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5. Association of American Medical Colleges. AAMC ERAS 2024 Participating Specialties & Programs: Emergency Medicine. [AAMC ERAS 2024 Participating Specialties & Programs: Emergency Medicine](#). Accessed June 15, 2023.
6. Accreditation Council of Graduate Medical Education. ACGME Equity Matters. [ACGME Equity Matters](#). Accessed June 15, 2023.
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9. Association of American Medical Colleges. Apply Smart for Residency. [Apply Smart for Residency](#). Accessed June 16, 2023.
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11. The Match: National Resident Matching Program. Results and Data: 2023 Main Residency Match. [Results and Data: 2023 Main Residency Match](#). Accessed June 17, 2023.