2022-02-03: Can Preference Signaling Mitigate the Match Frenzy?

The following links were shared during the chat:

- [Pilot offers residency applicants chance to say, "Look at me" | American Medical Association (ama-assn.org)](#)
- [Preference Signaling: Winners and Losers Edition – The Sheriff of Sodium](#)
- [The Otolaryngology Residency Program Preference Signaling Experience - PubMed (nih.gov)](#)
- [Making Our Preference Known: Preference Signaling in the Emergency Medicine Residency Application (nih.gov)](#)
- [Transforming the UME to GME Transition:
 Right Resident, Right Program, Ready Day One - Association of Professors of Gynecology & Obstetrics - APGO](#)

MedEd Chat (hosted by ACE) @MedEdChat 8 hours ago
TOPIC 1: Given the NRMP algorithm is claimed to preference student choice, what is the rationale for considering preference signaling? #MedEdChat #meded

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Maya Hammoud, MD,MBA (opinions are my own) @Maya_Michigan 8 hours ago
@MedEdChat Preference signaling occurs at the residency application stage. An applicant has to earn an interview at a program before they are able to rank them! #MedEdChat

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Alliance4ClinEd @Alliance4ClinEd 8 hours ago
T1 According to this article, "...it could address the largest flaw in the current system: the lack of ability for applicants to communicate, and programs to discern, genuine interest" https://t.co/BN72KPcZPI #MedEdChat #MedStudentTwitter

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Med Student Bot @MedStudent_Bot 8 hours ago
RT @MedEdChat: The #MedEdChat topic & questions will be announced in a moment…for now, please introduce yourselves #meded

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Med Student Bot @MedStudent_Bot 8 hours ago
RT @MedEdChat: We will assume that all of your tweets during #MedEdChat are your own during this hour unless otherwise stated #meded

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Med Student Bot @MedStudent_Bot 8 hours ago
RT @MedEdChat: T1 about to come up in a few moments #meded #MedEdChat

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Med Student Bot @MedStudent_Bot 8 hours ago
RT @MedEdChat: TOPIC 1: Given the NRMP algorithm is claimed to preference student choice, what is the rationale for considering preference…

Med Student Bot @MedStudent_Bot 8 hours ago
RT @Alliance4ClinEd: T1 According to this article, "...it could address the largest flaw in the current system: the lack of ability for app…

Gary Beck Dallaghan @GLBDallaghan8 hours ago
@Maya_Michigan @MedEdChat T1 I remember years ago as a coordinator we received emails from students telling us how interested they were. The program leadership didn't care. How is this different? #MedEdChat

Laura Rachal, MD FAAP FACP @lalouisianaise8 hours ago
@MedEdChat #mededchat: Laura, Louisiana native doing combined #medpedsid fellowship @UNC_ID. #meded

MedEd Chat (hosted by ACE) @MedEdChat8 hours ago
RT @Maya_Michigan Before the days of app fever, the app itself was a signal of interest. Now, appropriately anxious about not matching, applicants submit too many apps everywhere. This leaves program director with inability to know who is genuinely interested in them! #MedEdChat

Enio Perez, MD, MPH @EnioMDMPH8 hours ago
@GLBDallaghan @Maya_Michigan @MedEdChat A centralized system can limit the number of signals giving value and honesty to the signal. A email you can copy paste to +50 programs has no value which is why they are overall more of a nuisance today than useful #mededchat

MedEd Chat (hosted by ACE) @MedEdChat8 hours ago
@lalouisianaise @UNC_ID Welcome to #MedEdChat, Laura!

Maya Hammoud, MD,MBA (opinions are my own) @Maya_Michigan8 hours ago
@GLBDallaghan @MedEdChat This is different because the applicant has limited signals so you know there are not sending it to 50 other programs and they are genuinely interested in you. Makes it easier to choose who you offer an interview if you have two similar applicants. #mededchat

MedEd Chat (hosted by ACE) @MedEdChat8 hours ago
RT @Maya_Michigan: @GLBDallaghan @MedEdChat This is different because the applicant has limited signals so you know there are not sending i…

MedEd Chat (hosted by ACE) @MedEdChat8 hours ago
TOPIC 2: Will preference signaling predominantly benefit the "better" student? Would a PD care about a signal from someone who'd be in the lower half of their program's rank list anyway? #MedEdChat

Jesse Burk-Rafel @jbrafel8 hours ago
@MedEdChat T1: There are TWO markets - the interview market and the match market. Preference signaling for the former; NRMP only concerned with the latter. #MedEdChat

Sateesh Arja, M.B.B.S., MHPE, MSPH @ArjaSateesh8 hours ago
#mededchat T1 Sateesh Arja from Avalon University School of Medicine, Curacao #meded

Gary Beck Dallaghan @GLBDallaghan 8 hours ago
T2 This is what I really have a question about. Right now it seems only a few specialties that attract top tier candidates have been reported. How well would this work in pediatrics or medicine with large programs? #MedEdChat https://t.co/EmIoosTQHY

Maya Hammoud, MD,MBA (opinions are my own) @Maya_Michigan 7 hours ago
@MedEdChat It will for sure not benefit them more than the system of today. The signal is at the application stage so it gives an applicant the potential opportunity to be offered an interview who might not have received it otherwise. #MedEdChat

Sateesh Arja, M.B.B.S., MHPE, MSPH @ArjaSateesh 7 hours ago
@MedEdChat #mededchat T1 the current matching system, ranking order by the applicants and program directors is always confusing to me #meded

Maya Hammoud, MD,MBA (opinions are my own) @Maya_Michigan 7 hours ago
@MedEdChat If a PD receives 20 applications from one school, conscious or unconscious, they tend to choose the "better" applicants from that school to interview. Signals might give an applicant who might not have been noticed & offered an interview to receive one with signals. #MedEdChat

Jesse Burk-Rafel @jbrafel 7 hours ago
@MedEdChat T2: No, signaling improves inequity in interview distribution. ENT data corroborates - largest impact on interview probability for lowest quartile. #MedEdChat https://t.co/uhg3kEWWiO

MedEd Chat (hosted by ACE) @MedEdChat 7 hours ago
RT @jbrafel: @MedEdChat T2: No, signaling improves inequity in interview distribution. ENT data corroborates - largest impact on interview…

Maya Hammoud, MD,MBA (opinions are my own) @Maya_Michigan 7 hours ago
@GLBDallaghan Great question! I assume it will help them even more as those program directors have a lot more applications to review. But we won't know until we try! #MedEdChat

Maya Hammoud, MD,MBA (opinions are my own) @Maya_Michigan 7 hours ago
RT @jbrafel: @MedEdChat T2: No, signaling improves inequity in interview distribution. ENT data corroborates - largest impact on interview…

Sateesh Arja, M.B.B.S., MHPE, MSPH @ArjaSateesh 7 hours ago
@MedEdChat #mededchat T2 it might be good to select candidates who Is very much interested in the program even though they would be in the lower half of the program's rank list rather than someone who is in the upper half of the program's rank list and not interested in the program #meded

Gary Beck Dallaghan @GLBDallaghan 7 hours ago
T2 Here is a naïve question I have.....is preference signaling the answer to putting caps on the number of applications students can submit? Or am I being too reductionist? #MedEdChat

Cristin Colford @cristincolford 7 hours ago
@GLBDallaghan Current pilot ongoing in medicine. Hearing positive feedback from PDs. If nothing else, reducing number of emails to tell PD a program is preferred. #mededchat

MedEd Chat (hosted by ACE) @MedEdChat 7 hours ago
TOPIC 3: If there are a limited number of signals for #medstudents, what advice should be given to students to maximize their chances of successfully matching, especially those students who are less competitive on paper? #MedEdChat

Jesse Burk-Rafel @jbrafel 7 hours ago
@MedEdChat T2: Prior modeling from Whipple similar - signaling improved interview distribution, reduced reliance on "easy" measures (think scores) #MedEdChat https://t.co/rFysFrt2x6

MedEd Chat (hosted by ACE) @MedEdChat 7 hours ago
RT @jbrafel: @MedEdChat T2: Prior modeling from Whipple similar - signaling improved interview distribution, reduced reliance on "easy" mea…

Maya Hammoud, MD,MBA (opinions are my own) @Maya_Michigan 7 hours ago
@GLBDallaghan It is a great question! it might be if more signals per applicant. OBGYN #RRRProject will be piloting a larger number of signals next year. Stay tuned! https://t.co/nAyoosJ4J4 #MedEdChat

MedEd Chat (hosted by ACE) @MedEdChat 7 hours ago
RT @Maya_Michigan: @GLBDallaghan It is a great question! it might be if more signals per applicant. OBGYN #RRRProject will be piloting a l…

Gary Beck Dallaghan @GLBDallaghan 7 hours ago
@Maya_Michigan I was hoping to hear you say that. I'm interested to know how that works out in a discipline that has a lot more residency spots #MedEdChat
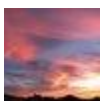
Paul Haidet @myheroistrane 7 hours ago
If medical schools and residencies were truly competency-based rather than time-based, people would move in and out continuously all year, taking pressure off the system, and allowing a non-match, continuous hiring process like that for faculty. #MedEdChat

Enio Perez, MD, MPH @EnioMDMPH 7 hours ago
@GLBDallaghan It can be If PDs choose to not give interviews w/o a signal. This may happen at top programs who get excess signals, but likely won't happen across the board. It also won't prevent applicants from spamming apps and talking out loans to cover the cost. So maybe but no. #mededchat

Gary Beck Dallaghan @GLBDallaghan 7 hours ago
T3 @cristincolford I'm curious what kind of advice faculty are receiving to help students know how to assign their tokens. Anything? #MedEdChat

Enio Perez, MD, MPH @EnioMDMPH7 hours ago
RT @Maya_Michigan: @GLBDallaghan It is a great question! it might be if more signals per applicant. OBGYN #RRRProject will be piloting a l…

Jesse Burk-Rafel @jbrafel7 hours ago
@MedEdChat T3: Oto guidance excellent — signal programs where you might be competitive. Geography matters. Need more data to support guidance, hopefully from @AAMCtoday following this cycle. #MedEdChat https://t.co/O6MCCh5Du3

Laura Rachal, MD FAAP FACP @lalouisianaise7 hours ago
@MedEdChat T1: Regardless of algorithm, it's important to signal interest (residency or fellowship) but I think it should be used cautiously—don't beg a program you didn't get vibes from, be direct to #1 only, write why you fit and what you give to them if you match there. #mededchat

Maya Hammoud, MD,MBA (opinions are my own) @Maya_Michigan7 hours ago
@myheroistrane Absolutely!!! this is what all in #MedEd should be advocating for!! CBME with a continuous process for advancing training. Remember when standardized tests were given once a year only? Why there is a Match only once a year? #MedEdChat

Enio Perez, MD, MPH @EnioMDMPH7 hours ago
@GLBDallaghan The best part about signals is you don't need permission from AAMC to implement it, as ENT did last year. PDs get to set the rules. #Mededchat

MedEd Chat (hosted by ACE) @MedEdChat7 hours ago
RT @jbrafel: @MedEdChat T3: Oto guidance excellent — signal programs where you might be competitive. Geography matters. Need more data to s…

Jesse Burk-Rafel @jbrafel7 hours ago
@MedEdChat @AAMCtoday T3: Take care in conflating signals with match probability. Signals improve interview distribution but not a panacea: they don't change matching market, applicants vs. positions. #MedEdChat

Sateesh Arja, M.B.B.S., MHPE, MSPH @ArjaSateesh7 hours ago
@MedEdChat #mededchat T3 then applicants must do appropriate background research and select the appropriate programs in which applicant credentials absolutely fit into the program's criteria. Then encourage them to signal as many programs as possible #meded

Maya Hammoud, MD,MBA (opinions are my own) @Maya_Michigan7 hours ago
@GLBDallaghan @cristincolford The advice might vary depending on how many signals and how competitive a specialty. With a very low number of signals, need to signal where an applicant is solidly competitive. If many more signals, might consider a reach program or two. #mededchat

Gary Beck Dallaghan @GLBDallaghan7 hours ago
@EnioMDMPH Interesting. So in the case of ENT, what if a program doesn't want to accept signals? Can they? Or is it an all or nothing option? #MedEdChat

MedEd Chat (hosted by ACE) @MedEdChat 7 hours ago
TOPIC 4: How would preference signaling impact residency programs, especially newly established ones? #MedEdChat #MedStudentTwitter

Enio Perez, MD, MPH @EnioMDMPH 7 hours ago
@MedEdChat 1/ Take advice from economics, who runs one of the original signaling system: Signals hold greatest value when you signal down, meaning, top programs don't care about your signals. Harvard knows they are a great program and you would love to train there #mededchat

Maya Hammoud, MD,MBA (opinions are my own) @Maya_Michigan 7 hours ago
@GLBDallaghan @EnioMDMPH It is an opt-in by programs. so if they did not, they would not receive any signals. Most did. #MedEdChat

Maya Hammoud, MD,MBA (opinions are my own) @Maya_Michigan 7 hours ago
RT @EnioMDMPH: @MedEdChat 1/ Take advice from economics, who runs one of the original signaling system: Signals hold greatest value when yo…

Gary Beck Dallaghan @GLBDallaghan 7 hours ago
T4 @Maya_Michigan Hasn't @apgonews work on this indicated that geographic region is a good predictor of where students match. Do you think new programs will benefit from signaling if they are in the target region? #MedEdChat

Maya Hammoud, MD,MBA (opinions are my own) @Maya_Michigan 7 hours ago
@MedEdChat This is one of the biggest concerns from some programs. Those programs might worry about not getting any signals. They will still receive applications and offer interviews as they have always done. In competitive specialties, they will still all fill! #mededchat

Sateesh Arja, M.B.B.S., MHPE, MSPH @ArjaSateesh 7 hours ago
@MedEdChat #mededchat T4 newly established programs might need to work harder. Promotion thought social media like LinkedIn, Twitter, and other social media including Facebook. Even direct promotion to medical schools is not even a bad idea #meded

Maya Hammoud, MD,MBA (opinions are my own) @Maya_Michigan 7 hours ago
@MedEdChat This is also the reason that a sudden application cap might have bad unintended consequences as we do not know how the distribution of the applications will end up and if some programs might not get enough applications. #MedEdchat

Laura Rachal, MD FAAP FACP @lalouisianaise 7 hours ago
@MedEdChat T3- job interviewing skills 101:know your talents, sell your talents to places you got good vibes. Prepare plan/verbage with faculty/mentor especially for less « paper competitive » students. Limiting # of signaling would cut background noise and help these students. #mededchat.

Lauren Oshman @l_oshman 7 hours ago
@MedEdChat T4: It would be ideal if preference signaling helped residency programs find applicants c/w their mission: geographic proximity and creating docs for our area is important for many #familymedicine programs #MedEdChat

Enio Perez, MD, MPH @EnioMDMPH7 hours ago
@MedEdChat 2/instead use your signals to stand out in programs where your app would be competitive but the staff is overwhelmed with 100s of other apps (which is almost every program today) #mededchat

MedEd Chat (hosted by ACE) @MedEdChat7 hours ago
We have about 5 more minutes left in our discussion. Please feel free to give some final thoughts #meded #MedEdChat

Maya Hammoud, MD,MBA (opinions are my own) @Maya_Michigan7 hours ago
@GLBDallaghan @apgonews Potentially. However, I am not sure the geographic distribution of programs match the geographic desirability of applicants. It probably does not based on what we know about how rural programs fill (or not). #mededchat

Alliance4ClinEd @Alliance4ClinEd7 hours ago
Final Thoughts....Great conversation that offers some hope of helping the match process. @jbcarmody has a great blog post addressing some of the pro's & con's of this process....but all in all it sounds promising #MedEdChat https://t.co/yJ1KtccLzn

Maya Hammoud, MD,MBA (opinions are my own) @Maya_Michigan7 hours ago
@MedEdChat Final Thoughts: Most of us agree we have a problem with the residency application process. We need to be willing to thoughtfully innovate to improve it based on best available evidence and apply CQI to the process. We ask for grace and #MedEd support! #mededchat

Jesse Burk-Rafel @jbrafel7 hours ago
@MedEdChat T4: Signals not evenly distributed (yes, programs vary in "desirability" just like applicants). Good news for programs — there's PLENTY of qualified applicants to go around until we expand residency positions! Post-SOAP fill rate 99.6%. #MedEdChat https://t.co/Vlu7fVVZWT

MedEd Chat (hosted by ACE) @MedEdChat7 hours ago
Join us again next week at 9 PM ET/NYC Thursday. Don't forget to suggest topics by DM or email #meded #MedEdChat

MedEd Chat (hosted by ACE) @MedEdChat7 hours ago
That's a wrap...I will post the #MedEdChat transcript tomorrow morning on https://t.co/mJivoKroXx. Thanks everyone for participating! #meded

Med Student Bot @MedStudent_Bot6 hours ago
RT @MedEdChat: That's a wrap...I will post the #MedEdChat transcript tomorrow morning on https://t.co/mJivoKroXx. Thanks everyone for parti…

Lonika Sood, MBBS MHPE @sood_lonika5 hours ago
@GLBDallaghan T2: pilot for surgery/derm/IM completed… waiting on these/other specialties to commit to employing this right now! CDIM/Apdim discussions @AAIMOnline ongoing #mededchat

Thurayya Arayssi @TArayssi 3 hours ago
Yes . Thank u for this. With the current rigidity of the system, we are losing to recognize great talents.

The #MedEdChat Influencers

Top 10 Influential

@MedEdChat 100

@GLBDallaghan 95

@EnioMDMPH 67

@Maya_Michigan 66

@cristincolford 57

@apgonews 55

@jbrafel 52

@myheroistrane 47

@AAMCtoday 19

@lalouisianaise 16

Prolific Tweeters

@Maya_Michigan 15

@MedEdChat 14

@MedStudent_Bot 7

@GLBDallaghan 7

@EnioMDMPH 6

@jbrafel 6

@ArjaSateesh 5

@lalouisianaise 3

@Alliance4ClinEd 2

@l_oshman 1

Highest Impressions

@MedEdChat 130.9K

@Maya_Michigan 69.9K

@GLBDallaghan 12.7K

@jbrafel 11.3K

@EnioMDMPH 7.8K

@MedStudent_Bot 5.8K

@med4vl 2.1K

@myheroistrane 2.0K

@Alliance4ClinEd 1.5K

@lalouisianaise 1.5K

The Numbers

250.778K Impressions

75 Tweets

19 Participants

10 Avg Tweets/Hour

4 Avg Tweets/Participant

Twitter data from the **#MedEdChat** hashtag from Thu, February 3rd 2022, 9:05PM to Fri, February 4th 2022, 4:50AM (America/New_York) – Symplur.