2022-03-17: Put a Lid on It! Capping Applications for Residency Programs
Topic and Questions courtesy of Drs. Bruce Morgenstern & J. Bryan Carmody

The following links were shared during the chat:
- The Match – The Sheriff of Sodium
- The Etiology of Application Fever – The Sheriff of Sodium
- What can the NFL Draft teach us about residency selection? – The Sheriff of Sodium
- Accepting randomness in medical school admissions

MedEd Chat (hosted by ACE) @MedEdChat 8 hours ago
TOPIC 1: What are the biggest potential advantages of application caps? Who benefits, and how/why? #MedEdChat #meded

---

Lonika Sood, MBBS MHPE @sood_lonika 8 hours ago
@MedEdChat T1: reduction in application inflation. Programs immediately, and applicants in the long term, maybe... #mededchat

---

MedEd Chat (hosted by ACE) @MedEdChat 8 hours ago
TOPIC 2: What are the biggest disadvantages of application caps? #MedEdChat #meded

---

Gary Beck Dallaghan @GLBDallaghan 8 hours ago
T1 I think the program directors benefit most. Fewer applications hopefully. Students benefit from not spending so much applying to too many programs #MedEdChat

---

Gary Beck Dallaghan @GLBDallaghan 8 hours ago
T2 I think a disadvantage would be some of the new programs would not receive as many applicants. #MedEdChat

---

Med Student Bot @MedStudent_Bot 8 hours ago
RT @MedEdChat: TOPIC 2: TOPIC 2: What are the biggest disadvantages of application caps? #MedEdChat #meded

---

Gary Beck Dallaghan @GLBDallaghan 8 hours ago
T2 Another disadvantage to application caps might be for students who had some delays needing to cast a wide net. Could result in greater numbers unmatched #MedEdChat

---

Alliance4ClinEd @Alliance4ClinEd 8 hours ago
T2 This blog post does a great job explaining how applying to more programs creates barriers to others getting interviews https://t.co/cwzym8YPyd #MedEdChat

---

MedEd Chat (hosted by ACE) @MedEdChat 8 hours ago
RT @challakrishnatj Reply to @MedEdChat T1: Decrease financial burden on applicants and more chance for programs to review an application holistically without filters. It will decrease the overall no. of applications left unread & denied without proper review. #MedEd #MedEdChat

MedEd Chat (hosted by ACE) @MedEdChat 8 hours ago
TOPIC 3: Are there any workable alternatives that could achieve the same benefits as a fixed limit on applications? #MedEdChat #meded

Krishna Teja Challa @challakrishnatj 8 hours ago
@MedEdChat T1: Perhaps, the present SOAP pattern of application caps can be taken as a draft and similar strategy can be implemented for the main match. This will benifit the programs in a way that only interested candidates will be selectively applying #MedEdchat

Alliance4ClinEd @Alliance4ClinEd 8 hours ago
T3 This blog post provides a nice history of the Match....and concludes with asking if we really need it https://t.co/t6GKNJDPHI #MedEdChat

Gary Beck Dallaghan @GLBDallaghan 8 hours ago
T3 As @debsimpson3 is always commenting....solutions like this need to be a "Yes, and" approach. ERAS needs to make changes, but so do med schools. @jbcarmody posted this great blog that deserves some consideration! https://t.co/3VQkXzD7pa #MedEdChat

Gary Beck Dallaghan @GLBDallaghan 8 hours ago
T3 I've also heard some suggestions that we do away with interviews and have students indicate their specialty choice and region of the country they want to live and let it be entirely random. Might cause a bit of anxiety though.... #MedEdChat

Kelsey @twitsTweetDev 7 hours ago
RT @GLBDallaghan: T3 I've also heard some suggestions that we do away with interviews and have students indicate their specialty choice and region of the country they want to live and let it be entirely random. Might cause a bit of anxiety though.... #MedEdChat

MedEd Chat (hosted by ACE) @MedEdChat 7 hours ago
TOPIC 4: What steps would have to be taken by schools/programs/applicants to prepare for a world in which applications were limited? #MedEdChat #meded

Krishna Teja Challa @challakrishnatj 7 hours ago
@MedEdChat T2: Higher chance for competitive/popular programs to receive higher number of applications and disadvantage programs which are less popular with less applicants #mededchat

Gary Beck Dallaghan @GLBDallaghan 7 hours ago
T4 Schools: Better assessments, honest MSPEs....Programs: Commit to holistic reviews across all specialties.... #MedEdChat

MedEd Chat (hosted by ACE) @MedEdChat 7 hours ago
We have about 5 more minutes left in our discussion. Please feel free to give some final thoughts #meded #MedEdChat

Bruce Morgenstern @bzmorgenstern 7 hours ago
#mededchat Sorry, joining late. My angst about caps is for the less than stellar student. By definition, half of every class must be "below average." How do we advise those students to optimize their applications? It's not as if such students make poor residents.

Krishna Teja Challa @challakrishnatj 7 hours ago
@MedEdChat T4: Programs have to publish- Honest criteria for selection (Board scores, type of medical school graduating from, Visa sponsorship on websites). This benefits applicants to apply selectively and avoids burden on programs #mededchat

MedEd Chat (hosted by ACE) @MedEdChat 7 hours ago
That's a wrap...I will post the #MedEdChat transcript tomorrow morning on https://t.co/mJivoK9NyX. Thanks everyone for participating! #meded

MedEd Chat (hosted by ACE) @MedEdChat 7 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

Krishna Teja Challa @challakrishnatj 7 hours ago
@MedEdChat T4: Medical school academic counselors have to direct applicants towards realistic expectations of match based on the programs criteria during limited application pattern #mededchat

Deb Simpson @debsimpson3 7 hours ago
RT @GLBDallaghan: T3 As @debsimpson3 is always commenting....solutions like this need to be a "Yes, and" approach. ERAS needs to make changes, but so do med schools. @jbcarmody posted this great blog that deserves some consideration! https://t.co/3VQkXzD7pa #MedEdChat

Emily Shaffer, DO @DrMissWV 6 hours ago
@GLBDallaghan Agree 100%. Applicants who may be less competitive by traditional metrics already

have an uphill battle. Add to this the likelihood that it will   # of these students delaying grad

&   student debt, as this preserves school's match rate & only   revenue. #mededchat

The #MedEdChat Influencers

Top 10 Influential

@GLBDallaghan 100

@jbcarmody 62

@debsimpson3 38

@MedEdChat 30

@DrMissWV 8

@twitsTweetDev 6

@challakrishnatj 2

@sood_lonika 2

Prolific Tweeters

@MedEdChat 8

@GLBDallaghan 6

@challakrishnatj 4

@Alliance4ClinEd 2

@bzmorgenstern 1

@MedStudent_Bot 1

@debsimpson3 1

@DrMissWV 1

@twitsTweetDev 1

@sood_lonika 1

Highest Impressions

@MedEdChat 75.3K

@GLBDallaghan 11.0K

@Alliance4ClinEd 1.6K

@DrMissWV 1.3K

@debsimpson3 1.0K

@MedStudent_Bot 953.0

@sood_lonika 921.0

@challakrishnatj 792.0

@bzmorgenstern 69.0

@twitsTweetDev 5.0

The Numbers

92.875K Impressions

26 Tweets

10 Participants

3 Avg Tweets/Hour

3 Avg Tweets/Participant

Twitter data from the #MedEdChat hashtag from Thu, March 17th 2022, 9:05PM to Fri, March 18th 2022, 5:05AM (America/New_York) – Symplur.