

2023-12-07: Interview Caps for the Match: Is this a possible solution?

The following links were shared during the chat:

- A Simulation of the Effect of Interview Caps on the National Resident Matching Program Match in Otolaryngology https://journals.lww.com/academicmedicine/abstract/2023/04000/a_simulation_of_the_effect_of_interview_caps_on.10.aspx
- Congestion in the Coming Residency Match: It Is Time for an Interview Cap https://journals.lww.com/academicmedicine/fulltext/2021/02000/congestion_in_the_coming_residency_match_it_is.7.aspx
- Use Application Phases Instead of Interview Caps: Help Applicants Match Into Programs in Which They Are Genuinely Interested https://journals.lww.com/academicmedicine/fulltext/2021/10000/use_application_phases_instead_of_interview_caps.2.aspx
- A Novel Ticket System for Capping Residency Interview Numbers: Reimagining Interviews in the COVID-19 Era https://journals.lww.com/academicmedicine/fulltext/2021/01000/a_novel_ticket_system_for_capping_residency.36.aspx
- Careers in Medicine for Advisors <https://careersinmedicine.aamc.org/about-cim/careers-medicine-cim-advisors>



MedEd Chat (hosted by ACE) [@MedEdChat9 hours ago](#)

TOPIC 1. Why do medical students apply to so many programs? [#MedEdChat](#) [#meded](#) <https://t.co/DlcdftPHZi>



Kristina Dzara, PhD, MMSc [@KristinaDzara9 hours ago](#)

[@MedEdChat](#) [#MedEdChat](#) - Kristina here, checking in from Saint Louis and hanging out with this little cuddlepug! <https://t.co/xzvbgnY6BF>



Gary Beck Dallaghan [@GLBDallaghan9 hours ago](#)

T1 Some do it because they are advised to apply to as many as possible to get a residency slot....whether that be correct advice or not it is what is happening [#MedEdChat](#)



Alliance4ClinEd [@Alliance4ClinEd9 hours ago](#)

T1 There are some programs that are very competitive so more applications may enhance opportunities for interviews and matching in that specialty [#MedEdChat](#)



MedEd Chat (hosted by ACE) [@MedEdChat9 hours ago](#)

TOPIC 2: What if caps were placed on the number of interviews students could accept - would it really help all applicants? Would it benefit programs? Who would "win" applicants or programs? [#MedEdChat](#) [#meded](#) <https://t.co/S0FhOCszCF>



Alliance4ClinEd [@Alliance4ClinEd9 hours ago](#)

T2 "caps in the ENT Match may create major distortions in the probability of matching...much lower chances for more competitive applicants and a decreased average competitiveness of matched applicants." <https://t.co/VW72pG956p> [#MedEdChat](#)



Gary Beck Dallaghan [@GLBDallaghan9 hours ago](#)

T2 I recall when applications were on paper. We did not get nearly the number programs

receive today. Caps may be helpful, esp for program directors [#MedEdChat](#)



Alliance4ClinEd [@Alliance4ClinEd9 hours ago](#)

T2 Congestion with residency apps and interviews led to a suggestion for caps in this article <https://t.co/WY5zxxJE0b> [#MedEdChat](#)



Kristina Dzara, PhD, MMSc [@KristinaDzara9 hours ago](#)

RT [@MedEdChat](#): TOPIC 2: TOPIC 2: What if caps were placed on the number of interviews students could accept - would it really help all applicants? Would it benefit programs? Who would “win” applicants or programs? [#MedEdChat](#) [#meded](#) <https://t.co/S0FhOCszCF>



Alliance4ClinEd [@Alliance4ClinEd9 hours ago](#)

T2 Some have suggested the signal system as a means of identifying program preference as a solution as well <https://t.co/ah3GIIhSQ5> [#MedEdChat](#)



Alliance4ClinEd [@Alliance4ClinEd9 hours ago](#)

T2. While a letter to the editor countered with suggesting rather than the ticketing system to initiate a phased process <https://t.co/qkAW49yu5F> [#MedEdChat](#)



MedEd Chat (hosted by ACE) [@MedEdChat9 hours ago](#)

TOPIC 3: What steps can programs take to address the application flood? [#MedEdChat](#) [#meded](#) <https://t.co/lGHw6P0Jh9>



Gary Beck Dallaghan [@GLBDallaghan9 hours ago](#)

[@Alliance4ClinEd](#) T2 This notion is interesting. Did the switch to virtual interviews result in there being even more interview hoarding behaviors? It's easier to do the interviews now since no travel is involved. [#MedEdChat](#)



Tyler Cymet DO FACP [@tcymet9 hours ago](#)

RT [@Alliance4ClinEd](#): T2 Some have suggested the signal system as a means of identifying program preference as a solution as well <https://t.co/ah3GIIhSQ5> [#MedEdChat](#)



Alliance4ClinEd [@Alliance4ClinEd8 hours ago](#)

T3 How are the signals that have been created by [@admsep](#) and others helped? Do programs feel they can focus on specific candidates moreso now? [#MedEdChat](#)



Gary Beck Dallaghan [@GLBDallaghan8 hours ago](#)

T3 I'm very curious to know if programs have been attempting to partner with ERAS or NRMP to identify possible solutions. Program directors don't have the staff to sift through 100s if not 1000s of applications [#MedEdChat](#)



Kristina Dzara, PhD, MMSc [@KristinaDzara8 hours ago](#)

RT [@MedEdChat](#): TOPIC 3: TOPIC 3: What steps can programs take to address the application flood? [#MedEdChat](#) [#meded](#) <https://t.co/IGHw6P0Jh9>



MedEd Chat (hosted by ACE) [@MedEdChat8 hours ago](#)

TOPIC 4: What role should medical schools take when advising students? [#MedEdChat](#) [#meded](#) <https://t.co/1GbICQs41j>



Emily Shaffer, DO [@DrMissWV8 hours ago](#)

[@GLBDallaghan](#) [@Alliance4ClinEd](#) T2 There was a recent report by Thalamus which looked at

the early interview offers/scheduling data (given new partnership w/ ERAS) *allegedly* this phenom of “interview hoarding” is not happening at a significantly different rate vs previrtual era

cycles [#mededchat](#)



Gary Beck Dallaghan [@GLBDallaghan8 hours ago](#)

T4 Advisors could learn a lot from some of the [@AAMCtoday](#) resources....such as <https://t.co/XQvqbHyGuT> [#MedEdChat](#)



Deb Simpson [@debsimpson38 hours ago](#)

[@MedEdChat](#) T3 what can programs do to minimize the crush of applications. They are seeking PGYs who will be mutually beneficial- learning & adding value. Yet thoughtful review of all these apps is unfeasible resulting in missed opps for programs + candidates + [#burnout](#) for both!! [#mededchat](#)



Kristina Dzara, PhD, MMSc [@KristinaDzara8 hours ago](#)

RT [@MedEdChat](#): TOPIC 4: TOPIC 4: What role should medical schools take when advising students? [#MedEdChat](#) [#meded](#) <https://t.co/1GbICQs41j>



Gary Beck Dallaghan [@GLBDallaghan8 hours ago](#)

RT [@debsimpson3](#): [@MedEdChat](#) T3 what can programs do to minimize the crush of applications. They are seeking PGYs who will be mutually beneficial- learning & adding value. Yet thoughtful review of all these apps is unfeasible resulting in missed opps for programs + candidates + [#burnout](#) for both!! [#mededchat](#)



Deb Simpson [@debsimpson38 hours ago](#)

[@MedEdChat](#) T4 it IS the job of [#meded](#) schools to truthfully advise students about viability of their applications. Yet they have Col as they are judged by their match results. And faculty who advise in their spare time w minimal training trying their best. A [#wickedproblem](#) [#mededchat](#)



Gary Beck Dallaghan [@GLBDallaghan8 hours ago](#)
[@debsimpson3](#) [@MedEdChat](#) T4 [#MedEdChat](#) Yes...it is. Guess my question is do we have all the right people at the table to discuss? Or is the financial resource engine driving some of this too great to address the [#wickedproblem](#)?



MedEd Chat (hosted by ACE) [@MedEdChat8 hours ago](#)
We have about 5 more minutes left in our discussion. Please feel free to give some final thoughts [#meded](#) [#MedEdChat](#)



Emily Shaffer, DO [@DrMissWV8 hours ago](#)
[@GLBDallaghan](#) T1 This is assuming that you are getting ANY substantive advice from your SoM @ all! A LOT of applicants apply en masse bc they don't have clear guidance RE what actually distinguishes programs in a MEANINGFUL sense programs' criteria = hard cut vs *may* consider [#MedEdChat](#)



MedEd Chat (hosted by ACE) [@MedEdChat8 hours ago](#)
[#MedEdChat](#) transcript will be online tomorrow morning on <https://t.co/mJivoKrWN5>. Thanks everyone for participating! [#meded](#)



MedEd Chat (hosted by ACE) [@MedEdChat8 hours ago](#)
Thank you again for joining the chat tonight! Join us the 1st Thursday next month at 9 PM ET/NYC Thursday. Don't forget to suggest topics by DM or email [#meded](#) [#MedEdChat](#)



Deb Simpson [@debsimpson38 hours ago](#)
[@Alliance4ClinEd](#) [@admsep](#) T3 is data out re signaling|preference indicators yet still doesn't address underlying probs: grads underprepared for GME; too few residency slots; schools judged on match results; no invest in training time for advisers, etc. perhaps we need fishbone diagram? [#mededchat](#)



Emily Shaffer, DO [@DrMissWV7 hours ago](#)
[@Alliance4ClinEd](#) [@admsep](#) T3 Signaling has shown some success in app-fever mitigation & more equitable distrib of interview offers among candidates* *w/in a select few subspecialties (specifically ENT & urology) which share certain baseline characteristics btwn programs & may not broadly apply [#mededchat](#)



Steve Pletcher [@steve_pletcher6 hours ago](#)
[@MedEdChat](#) "Applicants or Programs" is the wrong way to frame the "who would win" question. The interests of applicants and programs are aligned in the application, not in conflict. That's why successful programs (like preference signaling imho) benefit both groups. [#mededchat](#)



Steve Pletcher [@steve_pletcher](#) 6 hours ago
[@MedEdChat](#) Because they do not want to go unmatched [#MedEdChat](#)



Ottawa 2024 [@Ottawa2024](#) 4 hours ago
 Definitely one to check out! Along with the other workshops we have on offer. They're all listed here: <https://t.co/z8dunPMS5G> [#MedEd](#) [#MedEdChat](#) [#assessment](#)



Simon Fleming [@OrthopodReg](#) 4 hours ago
 RT [@Ottawa2024](#): Definitely one to check out! Along with the other workshops we have on offer. They're all listed here: <https://t.co/z8dunPMS5G> [#MedEd](#) [#MedEdChat](#) [#assessment](#)



Rhea Liang [@LiangRhea](#) 3 hours ago
 RT [@Ottawa2024](#): Definitely one to check out! Along with the other workshops we have on offer. They're all listed here: <https://t.co/z8dunPMS5G> [#MedEd](#) [#MedEdChat](#) [#assessment](#)



Mary Lawson [@MaryL11JS](#) 3 hours ago
 RT [@Ottawa2024](#): Definitely one to check out! Along with the other workshops we have on offer. They're all listed here: <https://t.co/z8dunPMS5G> [#MedEd](#) [#MedEdChat](#) [#assessment](#)

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 [@MaryL11JS](#) 1

 [@LiangRhea](#) 1

 [@DrKhan_do](#) 1

Highest Impressions

 [@MedEdChat](#) 127.9K

 [@KristinaDzara](#) 59.3K

 [@OrthopodReg](#) 52.6K

 [@LiangRhea](#) 18.5K

 [@GLBDallaghan](#) 16.5K

 [@DrMissWV](#) 6.3K

 [@DrKhan_do](#) 5.4K

 [@tcymet](#) 5.3K

 [@Alliance4ClinEd](#) 5.1K

 [@debsimpson3](#) 3.4K

The Numbers

301.780K Impressions

50 Tweets

14 Participants

2 Avg Tweets/Hour

4 Avg Tweets/Participant

Twitter data from the [#MedEdChat](#) hashtag from Wed, December 6th 2023, 8:05PM to Fri, December 8th 2023, 5:00AM (America/Chicago) – Symplur.