



APCCMPD Fellow Recruitment Committee Recommendations
ERAS Signaling for
Pulmonary Disease, Critical Care Medicine, and
Pulmonary Critical Care Medicine Fellowship Programs
Approved April 30, 2026

I. Introduction:

Signaling programs in the Electronic Residency Application Service (ERAS) was introduced as a means for applicants to express heightened interest in specific training programs during the application process. This system of signaling is designed to help both programs and applicants navigate the increasingly competitive landscape of residency and fellowship recruitment by augmenting the standard application with targeted indicators of genuine interest. In response to the recent adoption of signaling within our specialty, the APCCMPD Fellowship Recruitment Committee was tasked with reviewing signaling data and to evaluate the current implementation, analyze outcomes, and make informed recommendations regarding the optimal number, type, and best practices for the use of signals to ensure a fair and effective recruitment process.

Signals are selected by applicants at the time of application submission and unable to be changed after interview invitations are released or interviews are completed.

All programs are automatically opted in at the time of registration. Individual programs may elect to opt out of participating in program signaling by indicating their choice in the program management tab on the Program Director's WorkStation (PDWS). *The deadline for opting out for the upcoming recruitment season will be July 1, 2026.*

II. Overview of Signaling Experience in 2025-26

For the 2025–26 recruitment season, Pulmonary and Critical Care Medicine (PCCM), Critical Care Medicine (CCM) and Pulmonary Medicine (Pulm) applicants could submit 3 "Gold" signals and 12 "Silver" signals to communicate interest in specific programs.

Data from ERAS and published studies show that signaling is widely adopted (95% of PCCM applicants and 86% of CCM applicants participated in 2025) and evidence consistently demonstrates that sending a signal substantially increases the likelihood of receiving an interview.

APCCMPD surveyed the membership, the 2025-2026 APCCMPD Fellowship Recruitment Survey included responses from 108 programs (38% response rate), most of which were Pulmonary and Critical Care Medicine (PCCM, 70.4%), followed by Critical Care Medicine (CCM, 26.9%), and Pulmonary programs (2.8%). Nearly all programs (96%) accepted ERAS applications and participated in the NRMP Match. ERAS program signaling was widely adopted, with 92.8% of programs participating.

Among programs reporting applicant signaling percentages, PCCM programs most commonly fell into the 21–30% (32.4%) or 31–40% (22.1%) signaling ranges, while CCM programs displayed more dispersion and included 12.2% that reported 0% of applicants providing signals.

Programs primarily used both gold and silver signals for screening (56.7% for each) and interview decisions (63.3% for gold; 58.9% for silver), whereas far fewer used them for ranking decisions (17.8% for gold; 13.3% for silver). Only 35.6% disclosed their signaling practices to applicants. Most

programs (75.9%) interviewed non-signalers, and 27.8% ultimately matched at least one non-signaling applicant.

Opinions about the appropriateness of signal numbers varied: for gold signals (three available), 79.7% of PCCM and 73.8% of CCM programs felt the number was about right; for silver signals (twelve available), 40.6% of PCCM and 31.0% of CCM programs felt the number was too high; for overall signals, 58% of PCCM and 57% of CCM programs felt the number was appropriate, 30% and 24% felt the number was too high and 9% and 17% were not sure.

III. Committee deliberations and recommendations for specialty signaling in the 2026-2027 recruitment cycle

A. Tiered Vs. Untiered Signals

The available literature suggests that non-tiered signaling systems offer advantages in simplicity, usability, and preservation of signal meaning. These models are associated with higher applicant satisfaction, likely due to reduced complexity and a lower decision-making burden compared with tiered systems, which require applicants to differentiate between levels of preference and may introduce additional anxiety. Non-tiered approaches also tend to function as clearer indicators of genuine interest, as they avoid the dilution and ambiguity that can arise when multiple signal levels are used. From a program perspective, this translates into greater interpretive clarity, whereas tiered systems can create uncertainty in assessing applicant intent, particularly in more complex scenarios such as couples matching or cross-specialty application.

Tiered signaling systems, however, offer theoretical advantages, including greater strategic flexibility for applicants and the ability to differentiate levels of interest across programs. Higher-tier signals are often associated with higher interview yield, allowing applicants to more directly indicate top preferences. Despite these potential benefits, APCCMPD survey data indicate that many programs use all signals similarly during application review, limiting the practical value of tier differentiation.

Taken together, these findings suggest that while tiered systems introduce additional nuance, this complexity may not translate into meaningful gains in decision-making. In contrast, non-tiered systems preserve clarity and ease of use while maintaining the core purpose of signaling. In this context, transitioning to a unified, non-tiered signal may retain the informational value of the system while reducing applicant burden and improving interpretability for programs.

Recommendation:

APCCMPD recommends, based on the available literature and survey data, adopting a non-tiered signaling system for PCCM, CCM and Pulmonary fellowship applications.

B. Number of Signals

As training programs confront rising application volumes and increasing difficulty identifying genuine applicant interest, determining the appropriate number of signals has become central to recruitment reform. The goal is to create a more efficient, transparent, and applicant-centered process that reduces over-application, supports holistic review, and improves programs' ability to identify truly interested candidates.

Signal allocation must strike a careful balance: low enough to preserve selectivity and meaning, yet sufficient to allow applicants to express authentic interest across a realistic set of programs. Excessive signals risk dilution, weakening their value, but can also serve as a "soft cap" that limits application numbers. Importantly, signal numbers should align with the number of interviews an applicant can realistically attend, and account for the additive effect of signaling across overlapping specialties, where applicants may effectively have access to a larger combined pool of signals.

The committee reviewed the current allocation of 15 total signals per specialty (12 silver + 3 gold) and examined whether these values were appropriate in light of program numbers and current application behaviors. ERAS data indicates that there are 206 participating PCCM programs, 72 CCM programs and 10 Pulm programs nationally. It also shows substantial variation in the average number of applications submitted per applicant for each of the 3 specialties: approximately 56 in PCCM, 18 in CCM, and 5 in Pulm. This suggests that a uniform allocation of 15 signals may be disproportionate across specialties.

A key structural issue was also identified: roughly 76% of CCM applicants simultaneously apply to PCCM, a phenomenon influenced not only by overlapping applicant interests but also by the structural reality that many CCM programs exist as tracks within PCCM programs (ERAS estimates such 25 CCM tracks), thereby necessitating substantial cross-application. As a result, cross-applicants may effectively access 30 signals (15 PCCM + 15 CCM), a number the committee viewed as excessive relative to the available program pool and application averages.

The committee examined various proportional models based on the average number of applications per applicant to guide recommendations for an appropriate number of signals. After considering the potential impact on each specialty, the committee agreed that setting the signal number at 30% of the average applications per applicant would be a reasonable starting point. This approach resulted in proposed signal numbers of 15 for PCCM, 6 for CCM, and 2 for Pulm.

However, further discussions raised concerns that such a significant reduction in CCM signals, from 15 down to 6, could disadvantage standalone CCM programs (with 6 signals for 72 programs) compared to CCM tracks within PCCM fellowships (which would receive 15 signals for approximately 25 programs). To address this disparity, it was decided to increase the number of signals allotted to CCM applicants to 10. This approach maintains stability where appropriate, modestly reduces CCM signaling, and substantially reduces Pulmonary-only signals to reflect the very small program pool and average application numbers. Signal numbers will continue to be reviewed iteratively as applicant behaviors evolve.

Recommendation:

After balancing signal value, proportionality, cross-applicant inequities, and change management, the APCCMPD recommends the following allocations for the upcoming cycle:

- PCCM 15 signals
- CCM 10 signals
- Pulmonary 2 signals

C. PCCM and CCM cross-applicants:

As mentioned above, the committee noted that approximately 76% of Critical Care Medicine (CCM) applicants also apply to Pulmonary and Critical Care Medicine (PCCM) programs. This trend may reflect overlapping clinical interests, efforts to maximize the chance of matching, or a need for those interested in CCM to access CCM tracks that exist within PCCM fellowships.

As a result, CCM applicants who cross-apply to PCCM have access to more signaling opportunities, which can create potential inequities. Some applicants may inadvertently gain an advantage by increasing the total number of signals available to them, thus diluting the intended value of a signal depending on the type of program receiving it. For example, in the most recent recruitment cycle, a CCM program was one of 72 programs competing for 15 applicant signals (dropping to 10 in the upcoming cycle), while a CCM track within a PCCM fellowship was one of about 25 programs competing for 15 applicant signals (*a scenario that applies specifically to applicants pursuing CCM-only training and not applying to PCCM programs.*). In this situation, a signal sent to a standalone CCM program may carry greater value than a signal sent to a CCM track within a PCCM program.

The committee discussed possible solutions to this issue. One idea was to combine CCM and PCCM signals into a single pool. However, this could disadvantage true cross-applicants who are genuinely interested in both specialties or who apply broadly to maximize their chances of matching. It is also unclear whether the Electronic Residency Application Service (ERAS) would be able to reliably identify cross-applicants, and how it would enable signal distribution across both

specialties. If not carefully managed, this system could inadvertently incentivize all applicants to cross-apply simply to gain additional signals. As a result, the committee decided not to combine or cap signals for cross-applicants at this time, citing both the complexity involved and the need to clarify ERAS's technical capabilities. This approach may be reconsidered for future application cycles.

Another potential solution is to ask the Association of American Medical Colleges (AAMC)/ERAS whether CCM tracks could be registered under a separate program number and counted solely under the CCM specialty, thereby preventing unintentional cross-applications and standardizing signal numbers and their meaning across all CCM programs. The feasibility of this approach will be explored, but it is not expected to be implementable for the upcoming application cycle, if ever.

Given these complexities, signals sent to CCM tracks and CCM programs by cross-applicants will remain difficult to interpret. For program directors (PDs) seeking to bring more clarity to their review process, the following guidance is suggested:

- PCCM PDs overseeing dual tracks may consider offering an interview to only one track when an applicant applies to both and signals them. The choice of which program to interview for can be determined either by the PD or the applicant.
- Standalone CCM PDs may coordinate with their institution's PCCM counterpart to identify dual applicants among their invitees and decide collaboratively which program will interview the candidate, if they wish to avoid competing for the same applicant.
- Programs electing to follow this guidance should clearly state their interview policy on their website. Specifically, they should inform cross-applicants that if they apply to both PCCM and CCM within the same institution and are selected for an interview, they will be considered for only one fellowship position, not both.

IV. Applicant and Program Recommendations for signaling use for the PCCM/CCM/Pulm fellowship recruitment:

A. Applicant recommendations:

1. Signal Programs That Match Your Interest and Qualifications

Applicants should signal programs for which they are both genuinely interested and well-qualified. While signals generally increase the likelihood of receiving an interview, the impact may be smaller at highly competitive programs that receive a large number of signals.

2. Seek Advisor Guidance for Signal Allocation

Applicants are encouraged to meet with an advisor to determine how best to allocate their signals based on their individual characteristics, qualifications, and goals. There is currently no evidence-based strategy for optimal signal use. Most advisors recommend mixing signals among aspirational, likely, and safety programs.

3. Use All Available Program Signals

Applicants are encouraged to use all of their available program signals when submitting applications. This recommendation is not intended to set an application limit or imply that applicants must apply to a specific number of programs; the total number should be based on individual guidance and circumstances.

4. Review Program Policies on Signal Use

Applicants should review each program's website to understand how that program plans to use signaling.

5. Follow Home Institution Signaling Guidelines

Applicants should follow specific home institution guidelines on signaling home programs.

6. Use Geographic Preferencing Judiciously

The highest interview yield occurs when an applicant combines a program signal with an aligned geographic preference. If an applicant has no specific geographic preference, they should indicate “no geographic preference” on their application rather than leaving the question blank.

B. Program recommendations:

1. Define and Publicize Signal Use

APCCMPD recommends that programs clearly communicate their signaling strategy on their websites prior to the start of the recruitment season to reduce applicant uncertainty, this should include their approach to cross-applicants as detailed under section I-C.

Some suggested language by AAIM includes:

- “Due to a high volume of applications (or gold/silver signals), we [do not] / [are very unlikely to] / [previously have not been able to] extend interview offers to applicants who do not signal our program.”
- “Though we are electing to use program signals as part of our holistic review process, please know that a program signal does not guarantee an interview.”
- “While we preferentially review applications from those who signal our program, we also consider applicants who do not signal us.”
- “Our program does not consider signals in our interview offer decision-making process and reviews applicants equally whether or not they have signaled us.”
- “Our program has elected not to use program signals this recruitment season. Please refrain from sending us a program signal and use it toward other programs that have elected to participate and where you believe you will thrive. Although we will not use program signals as part of our review process, rest assured that we review each application through a holistic lens.”

2. Clarify Home Program Signaling Expectations

To promote equity for all applicants, APCCMPD recommends that programs explicitly ask internal candidates to signal their home program if interested and transparently communicate how signals will be used in application review and interview decisions.

3. Use Signals as Part of a Holistic Review of Applicants

APCCMPD recommends that programs use signals as one component of a holistic review process to help identify qualified applicants who express meaningful interest in their program.

4. Refrain from Using Signaling Data for Ranking Decisions

APCCMPD recommends that programs **do not** use signaling data when creating rank lists. Evidence suggests that while signals effectively predict interview interest, they do not necessarily reflect applicants’ final preferences after the interview.

5. Facilitate Interviews for Qualified Couples-Match Applicants

Be aware that some applicants participating in the couples’ match may have partners applying in specialties that do not use preference signals or that use a different number of signals. As a result, one partner may receive interviews from programs their partner did not or could not signal, creating new program preferences after recruitment has already begun. APCCMPD recommends that program directors coordinate with colleagues within their institution to help facilitate interviews for these applicants, if they are qualified. Doing so may require reserving a small number of interview slots for these circumstances.

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