



APCCMPD Recommendations on the MyERAS® Application

Approved on June 27, 2024

Introduction

The Association of Pulmonary and Critical Care Medicine Program Directors (APCCMPD) consists of program leaders from Critical Care Medicine (CCM), Pulmonary Medicine, and Pulmonary and Critical Care Medicine (PCCM). It represents 98% of the Accreditation Council for Graduate Medical Education (ACGME) accredited fellowships in these subspecialties. The APCCMPD's mission is to foster excellence in training and mentor future pulmonary and critical care medicine educators. In addition, the APCCMPD provides a communication channel among fellowship programs and stakeholder organizations.

As part of our mission, the APCCMPD takes a vested interest in all aspects of fellowship recruitment. In June 2024, the APCCMPD assembled an ERAS Signaling Task Force to provide recommendations on the MyERAS® Application for the 2024-2025 recruitment cycle. The ERAS Signaling Task Force comprised 16 volunteer Program Directors representing APCCMPD Member training programs in CCM and PCCM, with diverse geographic distribution, program size, and affiliation.

Background

For the 2024 recruitment season, the Association of American Medical Colleges (AAMC) made important changes to the MyERAS® application. This includes the opportunity for fellowship applicants to indicate potential geographic preferences for programs of interest and a revised template for applicants to describe their most meaningful past experiences. In return, the hope is that program directors and fellowship selection committees can use the available information to complete a more holistic review of applications they receive while better identifying those applicants who will contribute to their program's goals and mission.

Building upon the experiences of our colleagues in Internal Medicine residency programs and one year of use in CCM & PCCM, the APCCMPD re-convened the Task Force to make updated recommendations for the 2025 recruitment season to guide program directors and applicants in using the updated MyERAS® application. Ultimately, our goal is to provide a starting point for all stakeholders to facilitate the equitable and holistic review our applicants deserve. While we provide specific recommendations, we recognize the diversity of programs and applicants to which these may apply, and we encourage each program to consider these in the context of their individual mission. Recognizing that these recommendations are based on the understanding that programs aim to employ a holistic review, it will generally benefit applicants to provide more information about themselves, when given the opportunity, through the use of text boxes for additional descriptions.

Application Recommendations and Guidelines for Programs

I. Geographic Preference

How this Works: Applicants have an opportunity to share whether or not they have a preference to train in a particular region of the country. They can do this by

selecting up to 3 of the 9 US Census divisions¹. Applicants can choose to include a description (using up to 300 characters), whether they choose a particular region or indicate they have no preference. An applicant can also choose not to provide an additional description for their chosen regions. Suppose an applicant selects three divisions. In that case, only programs in the division they apply will see the response and the additional description of why they chose the division. Programs applied to, but not in divisions selected, will see a blank response to this question. If an applicant selects "I do not have a division preference," all programs the applicant applies to will see the same response - "I do not have a division preference," indicating no preference. If an applicant chooses not to answer this section, it will be displayed as blank for all programs they apply to.

Example #1: An applicant selects the "Mountain West," "New England," and "Pacific" divisions. That applicant then applies to four programs: the University of Colorado, the University of Washington, Vanderbilt University, and Yale University. Under "Geographic Preference," the University of Colorado will see "Mountain West" and the additional description the applicant provided, such as reasons they would like to live and work in the Mountain West; the University of Washington will see "Pacific" and additional description the applicant provided for the Pacific division. The University of Washington would not see the additional description the applicant provided for the "Mountain West" division; Yale will see "New England" and any additional description the applicant provided. Vanderbilt University, which is in the East South Central Division, will see a blank response to this question, indicating either that the applicant chose not to answer it or did not choose their division.

Example #2: A second applicant elects not to answer this question. All programs this applicant applies to will see a blank response to this question. All programs to which they apply will not know if the applicant left this section blank or indicated a preference for other parts of the country.

Example #3: A third applicant chooses "I have no preference." In this case, all programs this applicant applies to will see the same response, "I have no preference." An applicant who chooses "I have no preference" also gets up to 300 characters to explain why they have no preference if they so choose.

APCCMPD Recommendation for Applicants:

1. We recommend using geographic preferencing only if the applicant truly has a limited number of regions where they would consider training. If so, applicants should consider not applying outside of their preferred regions.
2. We recommend that if the applicant is truly willing to live and train in four or more regions of the country with limited preference, they choose "I have no preference" due to the signal's limited value and how their blank response could be interpreted by programs to which they apply outside of their three favored regions.
3. We *recommend against* leaving this question blank. An "I have no preference" response is considered superior to a blank response, which can be misinterpreted. If the applicant leaves this question blank, the program may interpret it as they chose not to answer it, but it may also interpret it as they did not signal the program.

APCCMPD Recommendation for Program Directors:

1. We *recommend against* using geographic preferencing as a screening tool for whom to interview.
2. We *recommend against* declining to interview an applicant simply because they did not signal your region if they are otherwise a strong candidate for your program.

3. We advise and highlight that a blank answer can mean the applicant did not signal your program, but it may also mean they chose not to answer the question. A blank response should receive limited negative weight.

II. *Setting Preference*

How this Works:

The setting preferences section is designed to allow applicants to communicate their preference or lack of preference for urban or rural settings or some combination of the two².

Applicants can also choose not to answer this question or to respond with "No preference." Applicants are also allowed up to 300 characters to clarify their responses. The response the applicant chooses to this question is displayed to ALL PROGRAMS to which the applicant applies, regardless of the setting of each program. Applicants may choose not to answer this question, in which case all programs will see a blank response.

APCCMPD Recommendation to Applicants:

1. We recommend that applicants ensure that their setting preference aligns with all the programs to which they are applying. A mismatched setting preference will likely hurt an applicant's chances of obtaining an interview.
2. We recommend selecting "No preference" unless an applicant strongly prefers one particular training environment. Many programs train doctors to practice in different environments or offer rotations in various locations and environments. Only a small number of programs will see themselves as strictly "urban," "suburban," or "rural."

APCCMPD Recommendation to Program Directors:

1. We recommend that programs screen applicants whose setting preference is dramatically different from the setting in which their program is located. This could indicate a mismatch.
2. We *recommend against* putting much weight on the values that combine two terms (suburban/urban and rural/suburban). These are too vague and open to interpretation to be of great value.

III. *Selected Experiences*

How this Works: Applicants now have the opportunity to identify up to 10 selected experiences, described as "experiences that communicate who you are, what you are passionate about, and what is most important to you." Each of these experiences must be categorized into one of 10 predetermined groupings³. In addition to naming the experience and the organization within which it was performed, applicants have the opportunity to describe how long they were engaged in the activity, the primary focus of the activity, and the key characteristics of their role. Applicants are given 1,020 characters to describe the context, roles, and responsibilities of each of the 10 experiences.

APCCMPD Recommendation to Applicants:

1. Recognizing that not all applicants have access to the same breadth and depth of experiences, we recommend focusing on those opportunities that highlight the diversity of and commitment to their interests and achievements as best possible. The applicant should prioritize the quality and authenticity of their experiences over the quantity.

2. We recommend keeping this section as professional as possible. Applicants should focus this section on experiences and achievements resulting in significant personal or professional growth, that are not highlighted elsewhere in their application, and that will make the applicant an excellent PCCM physician and colleague.
3. We recommend trying to collect experiences from at least half of the available 8 experience types. This activity will encourage the applicant to think about the many things they have done and will demonstrate their unique path and diverse interests and abilities to programs.

APCCMPD Recommendation to Program Directors:

1. We recommend using this section to facilitate and enhance the holistic review of applicants. It is a chance for applicants to distill down their many years of training to demonstrate to you what they find most valuable and important. Done well, this should inform the PD about the applicant's goals and values through their actions (both what they did and what they elect to tell you about)
2. We *recommend against* putting significant negative weight on this section and advise that this information be viewed with thoughtful consideration of equity. Some applicants will get better advice than others on how to fill this section out. Some applicants will use fewer than the allotted 10 spaces; while this may be a sign of someone with limited engagement and passion, it may also represent an individual with significant focus and dedication to a limited number of topics. It may also represent an applicant who did not have access to the same breadth of experiences.

IV. *Most Meaningful Selected Experiences: What made this experience meaningful?*

How this Works: Once an applicant has chosen their 10 "selected experiences", they are given the opportunity to describe 3 of them and what made those experiences meaningful. The applicant is directed to "reflect on the experience, why it was meaningful, and how it influenced you. Weave in the focus area or key characteristic you tagged. This should not describe what you did in the experience or list a set of skills you developed or demonstrated during the experience." This section aims to have the applicant tell the program which of their previously shared experiences were the most meaningful and how they helped them become the person and physician they have become and why. This section should tell the program more about applicants' passions and drives beyond enumerating what they did during their training years. For each of these three experiences, applicants are given 300 characters to describe and reflect on the experience and its impact.

APCCMPD Recommendation to Applicants:

1. We recommend that applicants choose experiences that relate to the work they will do as critical care or pulmonary/critical care physicians which contributed significantly to their personal and professional growth. This is a chance to describe what is most meaningful to them in their prior experiences and what has been most influential in their life.
2. We recommend that applicants get advice from a trusted mentor on the three topics they choose for this section, as it could impact their candidacy.

APCCMPD Recommendation to Program Directors:

1. We recommend acknowledging that some applicants will get excellent advice on completing this section and others will not. We know from the Internal Medicine applications in 2021-2023 - when this section was first introduced for residency applications - that the answers provided here were widely

variable. This section can be helpful if done well, but many applicants will not use it to its fullest potential. Limited or short responses here should not be given negative weight. Keep in mind that applicants may elect not to share personal experiences in their application.

V. *Impactful Experiences*

How this Works: Applicants will also have the opportunity to provide additional information about themselves related to disadvantages overcome or major challenges encountered on the road to fellowship application that is not captured elsewhere in the application⁴. Not all applicants will have applicable experiences or feel comfortable sharing this information. This section aims to provide unique information that has not been shared previously and is not included in the personal statement. A variety of experiences may be considered, but the applicant should keep in mind that anything contained in the application may be discussed during the interview. Those who opt to respond will have up to 750 characters.

APCCMPD Recommendation to Applicants:

1. We recommend applicants with relevant experiences who feel comfortable sharing the information respond to this question. Program directors are interested in learning about their unique journeys and the meaningful ways they will enrich their programs.
2. We *recommend against* the applicant repeating information in the impactful experiences statement that is already included in the personal statement.
3. We recommend that applicants get advice from a trusted mentor on the best approach to responding to this section, as anything contained within the application may be discussed during the interview.

APCCMPD Recommendation to Program Directors:

1. We recommend using this section to facilitate and enhance the holistic review of applicants and not as a tool to screen applicants for potential interviews. It is a chance for applicants to share those lived experiences that provide valuable insight into the characteristics that programs can use to support mission-driven holistic review.
2. We *recommend against* putting significant negative weight on this section. Some applicants will get better advice than others on how to fill this out. Some applicants may not have relevant experiences to share, and others may be restricted or elect not to share specific personal information or experiences in their application.

Program Signals

Program signals allow applicants to express their interest at the time of their application. For the ERAS 2025 application season, program signals will not be available to fellowship applicants.

¹The 10 responses for the “*Geographic Preference*” question include: **Pacific** (AK, CA, HI, OR, WA); **Mountain** (AZ, CO, ID, MT, NM, NV, UT, WY); **West North Central** (IA, KS, MN, MO, NE, ND, SD); **East North Central** (IL, IN, MI, OH, WI); **West South Central** (AR, LA, OK, TX); **East South Central** (AL, KY, MS, TN); **South Atlantic** (DC, DE, FL, GA, MD, NC, PR, SC, VA, WV); **Middle Atlantic** (NJ, NY, PA); **New England** (CT, ME, MA, NH, RI, VT); **I do not have a division preference.**

²The 6 responses to the “*Setting*” question include: **Urban** (described as the central part of a city; high population density; high density of structure such as houses, buildings, railways; public transportation more readily available for commuting; most jobs are non-agricultural); **Suburban** (described as smaller urban area around a city; less populated than

a city; serves mainly as residential area for city's workforce; mostly residential with single-family homes, stores, and services; more parks and open spaces than a city; limited public transportation and private vehicles needed for commuting); **Rural** (described as large amounts of undeveloped land; low population density; open areas of land with few homes or buildings; no public transportation; private vehicles needed for commuting; main industries likely to be agriculture or natural-resource extraction); **Suburban or Urban; Rural or Suburban; No Preference.**

³ The 8 responses for the "Selected Experiences" question include: Work; Research; Volunteer/service/advocacy; Education/training; Military Service; Other extracurricular activity/club/hobby; Professional Organization; Teaching/mentoring.

⁴ Potential *impactful experiences* may include descriptions of family background, financial background, community setting, educational experiences, or other life circumstances.

Authors:

Geoffrey Connors, MD *; Jennifer McCallister, MD*; J. Shirine Allam, MD; Neal F. Chaisson, MD; Başak Çoruh, MD; Mauricio Danckers MD; Jeremy A. Falk, MD; Marilyn Foreman, MD, MS; Garth Garrison, MD; Ashley Henderson, MD; Laura Hinkle, MD; Tristan J. Huie, MD; Van Holden, MD; Andrew M. Luks, MD; Jason Moore, MD; Maximiliano Tamae Kakazu, MD

*APCCMPD ERAS Signaling Task Force Co-Chair