2025-2026 ERAS Application:
Program Signaling, Geographic Preferences, and Experiences Section for ANESTHESIOLOGY Residency Applications

Guidance provided by the Association of Anesthesiology Core Program Directors (AACPD) Council

Purpose: Changes to the ERAS application in the last few years included modifications to the experiences section, geographic preferencing, and program signaling. Additionally, Anesthesiology will be trialing the use of supplemental questions and a signal statement that is new in the 2025-2026 application season. These changes are meant to showcase applicant characteristics and to give the applicant a reliable and equitable approach to demonstrate true preferences in location as well as sincere interest in specific programs. Residency programs may choose to consider geographic preferences and signals as they select applicants to interview.

The three specialty specific questions for Anesthesiology include (500 character limit each):

1. Describe a time when you faced adversity, how you overcame it, and any lessons learned from it.
2. Describe a situation in which you would have made a different decision that might have led to a better outcome.
3. Describe your ideal career as an attending.

PROGRAM SIGNALING FOR ANESTHESIOLOGY IN 2025-26:
The decision to participate in program signaling within ERAS is voluntary.

- Applicants who participate in signaling for Anesthesiology will assign up to:
  - five (5) gold signals indicating HIGHEST interest in a program
  - ten (10) silver signals indicating VERY HIGH interest in a program

  - Applicants will be asked to provide a signaling statement or explanation for why they are assigning a signal that is specific to each program.

Programs will be able to view signaling (if present) on each applicant's ERAS profile. Signals are not further presented in any particular order. In other words, there is not a "gold number 1, gold number 2, etc.).

Applicant Information/Guidelines:
1. Data on signaling:

Data from the 2022-2023 season: with 5 total signals:
Full report: https://www.aamc.org/data-reports/students-residents/report/supplemental-eras-application-data-and-reports

Data from the 2023-2024 season with 5 gold and 10 silver signals:

- 144/166 programs participated in program signaling
- Average applications per program: 1316
- Average applications submitted per applicant: 59.9
- Almost every applicant used all 15 signals
- Signals are not equally distributed among programs. 10% of the programs received 20% of the gold signals and 16% of the silver signals
- Please see ERAS statistics page for additional ERAS historical data information related to the 2024 season
- Published study on signaling in Anesthesiology including 2023-2024 data:
    - Dutoit AP, Teeter EG, Wolpaw JT, Martin TW, Manohar CM, Long TR, Abramowicz AE, Stahl DL, Shostrom VK, Hoffman JT, Martinelli SM. The Impact of Program and Geographic Signaling on Anesthesia Residency Applications, Interviews, and the Match. Anesth Analg. 2025 Feb 7. doi: 10.1213/ANE.0000000000007443. Epub ahead of print. PMID: 39919023.

Data from the 2024-2025 season with 5 gold and 10 silver signals:

- 167/173 programs participated in program signaling
- Average application per program: 1006
- Average applications submitted per applicant: 48
- Almost every applicant used all 15 signals
- Signals continue to not equally distributed among programs. 10% of the programs received 22% of the gold signals and 17% of the silver signals
- Anesthesiology median interview rates depending on program signal (available on ERAS website: Exploring the Relationship Between Program Signaling and Interview Invitations Across Specialties (PDF): Updated December 2, 2024)

Applicant Type	Gold Signal	Silver Signal	No Signal
MD	66%	38%	2%
DO	50%	21%	0%
IMG	14%	2%	0%

- Anesthesiology median interview rates depending on geographic preferences (available on ERAS website: Exploring the Relationship Between Geographic Preference and Interview Invitations Across Specialties (PDF): Updated December 2, 2024)

Applicant Type	Aligned	No Geo Pref	Not Aligned
MD	25%	11%	4%
DO	12%	0%	1%
IMG	3%	0%	0%

2. While many believe that signaling is beneficial to both applicants and programs, applicant and program participation is entirely voluntary. Applicants indicate participation in the signaling process when they submit their ERAS application. There are no anticipated downsides to participating in signaling, as programs will not know if an applicant did not signal them or just opted out of signaling. There are, however, likely negative consequences to not participating as programs are likely to give significant preference for interviews to applicants who signal their program. **The AACPD Council strongly recommends applicants participate in signaling and use all signals available to them in the 2025-2026 application season.**

3. Applicants should signal all programs that they have both a strong interest in and where they have a reasonable ability to receive an interview INCLUDING their home programs or sites of away rotations if they are interested in them. Applicants are strongly encouraged to consider their personal values and goals, consult faculty advisors, as well as utilize resources to explore residency programs such as individual program websites, AMA FREIDA, AAMC Residency Explorer, and other resources. The applicant's goal should be to find programs that best align with their goals and where they are most likely to be competitive. It is highly discouraged to send signals to programs at which the applicant is unlikely to be competitive as this is unlikely to lead to an interview invitation.

4. Given the number of signals available for anesthesiology applicants in the 2025-2026 season, applicants SHOULD signal home programs and programs where they completed a sub-internship if those programs are among their preferred programs. Applicants should plan to use all their signals. There is no known advantage to not using all their available signals.

- Individual Programs/Institutions may have differing guidelines on signaling for home/away rotators. Please check with individual programs if you have any questions.

5. Programs will be able to see if an applicant signals them in ERAS. Programs will not know which other programs an applicant may have signaled. Many residency programs may only review candidates who have signaled their program for an interview.

Program Guidelines:

1. NEW CHANGE THIS YEAR FOR 2025-2026: Participation in the signaling process is now OPT OUT meaning that all programs will be included in program signaling unless they specifically decide not to participate. Applicants will then see that program appear on the list of programs they may signal.

2. Data from the Anesthesiology 2022-2023 season:
   - Mean number of signals received per program = 104.55 ranging from 14 to 278
   - Average % of signals received relative to applications received = 7% (range 2-19%)
   - Signals were not distributed evenly across programs. In Anesthesiology, 10% of programs received 21% of the available signals.

   Data from the Anesthesiology 2023-2024 season:
   - Mean number of signals received per program:
     - Gold = 112.9 (range 12-268)
     - Silver = 216.8 (range 39-405)
   - Average % of combined signals received relative to applications received= 24%
   - Signals are not equally distributed among programs. 10% of the programs received 20% of the gold signals and 16% of the silver signals

   Data from the Anesthesiology 2024-2025 season:
   - Mean number of signals received per program:
     - Gold = 104.99 (range 17-293)
     - Silver = 201.48 (range 42-421)
   - Average % of combined signals received relative to applications received = 30.4%
   - Signals continue to not equally distributed among programs. 10% of the programs received 22% of the gold signals and 17% of the silver signals

3. In 2025-2026, the decision was made to keep with the same signaling pattern utilized in the previous two years to obtain further data on the impact of signaling prior to additional changes.

4. Signals are not intended to be used as a screening tool but as a “plus factor” to indicate genuine interest. Programs should perform a holistic review of the entire application and make decisions based upon the merit of the application. The signal is one of many data points to be utilized when deciding to whom interviews will be offered. However, it is clear from data that applicants are very unlikely to get an interview at a program they do not signal.

5. Programs should ONLY utilize signals when deciding whom to invite to interview and NOT as a part of the ranking process. Applicant interests can change after they submit signals in September due to many factors, including applicants’ experiences on interview day.

6. Programs MUST NOT:
   - Require a signal to review and offer interviews to applicants.
   - Disclose the names, AAMC registration number or any identifiable information of applicants who have signaled their program to any individual outside their residency selection committee.
   - Ask interviewees to disclose the names or number of programs they signaled. This would be a violation of the NRMP match agreement which prohibits programs from asking applicants where they have applied for residency.

Mentoring and Career Advising Guidelines:

1. Applicants MUST OPT IN to participate in the signaling process. This is a voluntary choice made by the applicant.

2. Advice to applicants regarding whom to signal should be based upon individual review of the applicant's overall application package, including applicant's alignment with the program's requirements and values. Resources such as individual program websites, AMA FREIDA, and AAMC Residency Explorer are some tools that exist to advise students on their alignment with programs.

3. Applicants SHOULD only signal programs where they desire to interview and where they believe they have a reasonable chance of receiving an interview offer.

4. Applicants SHOULD signal home programs and programs where they have participated in an away sub-internship if they are interested in interviewing at those programs.

5. Applicants SHOULD recognize that signaling a program (gold or silver) does not guarantee an interview offer or match position.

6. Mentors should provide honest advice based upon a holistic review of the applicant's entire application package. Advising a student to signal programs where they are unlikely to get an interview may harm the student's chances of matching in the specialty.

7. Applicants ultimately must make the final decision on which programs to signal.

EXPERIENCES SECTION IN ERAS 2025-2026:

The 2023-2024 ERAS application streamlined the "Experiences" section by limiting the number of experiences each applicant can submit to 10. All 10 experiences will allow for more detailed and organized descriptions including experience type, primary focus area, and key characteristics. Each entry will allow for a 750-character limit description of context, roles, and responsibilities. Applicants will be able to select their top 3 meaningful experiences and describe them in free text with a 300-character limit. The intent of this section is to allow programs to identify those applicants whose experiences align with the program's mission. In 2024-2025 ERAS changed Hobbies and interests to be a standalone item in the MyERAS application.

The ability to describe an impactful experience is available but will not necessarily apply to all applicants (description in the worksheet). It is meant to allow those applicants who want to share information regarding their background, hardships overcome, or life experiences not otherwise available to programs in the application materials.

New items in 2026 include:

- Specialty specific questions (Anesthesiology is piloting this along with Neurosurgery and Plastic surgery-integrated)
    - Applicants are asked to provide responses to specialty specific questions before sending applications to programs in these specialties
    - Responses only available to programs in that specialty
- Education:
    - Applicants can include post-graduate training beyond ACGME accredited programs
    - Interruptions and Extensions: section retitled and has additional language for the type of interruption/extension
- Program Signal Statements:
    - Piloted in Anesthesiology and Plastic Surgery-Integrated) to provide more context for signal applications.
- Geographic preference opt out (only available to pilot programs in ENT and Orthopedics)

A reference to what the applicant worksheet looks like can be found here: https://students-residents.aamc.org/media/9711/download

Specialty recommendations:

- It is highly recommended that applicants utilize all 3 meaningful experiences and give descriptions to their value.
- Please do not utilize one experience section to group many experiences together. This section is meant to have the applicant focus what they want to share with programs.

GEOGRAPHIC PREFERENCES IN ERAS 2025-2026:

As in the past few years, there will be standardized fields for all location information across the application (country, state, city, postal code, and setting [rural or urban only]), including hometown and addresses for experiences and education. Geographic preferences for training will remain a part of the main ERAS application, but entries will remain optional for applicants. The division preferences section offers an applicant the ability to communicate preference or lack of preference for a particular region.

<u>The following 3 options will be available:</u>

1. The applicant will be able to select up to 3 of the 9 US Census Bureau Regions as geographic regions where they would prefer to train.
    - Each entry will allow for a brief description of the applicant's preference or lack of preference.
    - Only programs within each selected region will see the listed preference (and the descriptive essay) and will not see any other geographic selections.

- If the program is not in one of the selected regions, their application screen will display no geographic preference information just like if no regions were selected.

2. An applicant can choose the drop down "I do not have a division preference"
    - All programs will be able to see this response in ERAS along with the descriptive essay, if included.

3. An applicant can choose to not respond to the geographic preference prompt (leave field blank)
    - If an applicant skips this section then no information is provided to any program

Please see applicant recommendations or ERAS statistics webpage for more detail regarding geographic preferences.

GENERAL FAQS:

1. What is the benefit to an applicant to signal a residency program?

Signaling allows an applicant to demonstrate a genuine interest in a residency program. High numbers of applications mean many applicants do not undergo holistic review. A signal is an equitable approach to indicate interest in a program and increase an applicant's visibility to a program, encouraging holistic review of their application. The signals allow applicants to stand out to programs.

2. Is it mandatory to use all my signals? Can I signal a program more than once?

It is not mandatory for an applicant to use all their signals. However, we recommend applicants use all their signals as there are no recognized disadvantages in doing so. Applicants SHOULD NOT signal a program more than once as the program only sees one signal regardless of the number of signals selected. Also, applicants should not submit a gold and a silver signal to the same program as there is no advantage in doing so.

3. ***If a program doesn't receive a signal, does that mean an applicant won't get an interview?***

Each program can choose which applicants to interview, and the reliance on preference signaling to determine interview offers will vary between programs. It is clear from the Otolaryngology signaling pilot and data from the 2023 application cycle that applicants who signaled a program were MUCH more likely to receive an interview offer. The application itself indicates interest in a residency program, and programs may offer interviews to applicants who have not signaled them. Signaling offers a transparent and reliable method of communicating very high program interest, but programs will use other factors in addition to signals to inform decisions around interview offers. **ERAS data from the Anesthesiology 2024 and 2025 application cycles indicated that the likelihood of interview without a program signal was approximately 2-3% or less.**

APPLICANT FAQs:

1. *Do I have to participate in the signaling process?*

No. The signaling process is a voluntary program. Signaling is meant to provide an equitable opportunity for applicants to indicate high interest to a program, and for programs to identify and holistically review applicants. This is an OPT IN program. Programs will not know if an applicant has not signaled them or has opted to not participate in signaling.

2. Will there be additional costs to participate in program signaling?

No. There are no additional costs to participate.

3. How many signals will I receive?

Each participating applicant will receive five (5) gold signals and ten (10) silver signals. The gold signals are a means of indicating the *highest* level of interest in the program and the silver signals indicate a *very high* level of interest.

4. *Can I only apply to programs that I have signaled?*

No. Applicants can apply to as many programs as they desire. It is recommended to consult with an advisor in Anesthesiology to determine the best number of programs to which to apply based upon your individual application package.

5. How do I decide which programs to signal?

Similar to deciding which programs to apply, each applicant will need to reflect on their application and their alignment with programs. It is recommended that applicants consult with an Anesthesiology advisor to review their ENTIRE application, goals in training, and other factors that may influence where to train (community vs. university based, geography, etc.). Several tools such as program websites, AMA FREIDA, and AAMC Residency Explorer can aid both applicants and advisors in choosing which programs are best choices for application and signaling.

6. Don't signals only benefit programs?

While preference signals help programs know which applicants are highly interested in their programs, data from the previous application cycles shows that signals improve the chances of applicants who have a true interest in a program to be seen by that program regardless of their perceived "competitiveness" or personal connections. Prior to signaling, the average number of applications per program was >1300 without an ability to determine genuine applicant interest. Because of this, applicants who did have a genuine interest may have been overlooked in the myriad of applications. Signals allow those applicants with a genuine interest to be considered by those programs.

7. Should I place all my gold signals on "reach" programs?

While it is the applicant's choice to place signals as they choose, signals should be placed on the programs that you are <u>most interested</u> in receiving an interview from AND where you have a <u>reasonable chance</u> of getting an interview.

8. Should I use my signals on my home program or programs where I have completed an away sub-internship?
Yes, if those are programs where you are interested in interviewing.

9. How will I know that a program received my signal?
The programs will be receiving your signals at the time they review your applications, since the signals are submitted with your application.

10. Am I guaranteed an interview at programs I have signaled?
No. The signal is a tool for you to indicate interest in the program and your desire to interview. Programs will utilize their application review process and decide upon whom they wish to interview.

11. Can I still receive an interview offer at programs I have not signaled?
Yes, as signals are only one factor in the application review process. Each program can choose which applicants to interview and may not rely on preference signaling to determine interview offers. The application itself indicates interest in a residency program, and programs may offer interviews to applicants who have not signaled them. Signaling offers a transparent and reliable method of communicating very high program interest, but programs will use other factors to inform decisions around interview offers. **ERAS data from the Anesthesiology 2024 and 2025 application cycles indicated that the likelihood of interview offer without a program signal was approximately 2-3% or less.**

12. Is sending a program signal equivalent to a geographic preference?
No. The data from all application cycles since the implementation of program signals shows that the strongest predictor of receiving an interview was in the cohort of applicants who sent a program signal that aligned with geographic preferences. Those who sent a program signal that did not have geographic preferences or did not align their geographic preferences still had a higher chance of receiving an interview than applicants who did not send a program signal. Amongst applicants who did not send a program signal, those whose geographic preferences aligned or had no geographic preference were more likely to receive an interview over those who did not have aligned preferences.

13. Will my signals be made public? Will other programs know where I signaled?
No. Applicant signals are confidential. Programs will see a signal only in the ERAS database of applications sent to them. Programs have no way of knowing which other programs you have signaled.

14. How will I know which programs are participating in signaling?
Applicants will see a list of the programs participating in signaling at the time of submission of their ERAS application.

RESIDENCY PROGRAM FAQs:

1. Do I have to participate in the ANESTHESIOLOGY signaling process?

No. However, this year will be the first year where programs must OPT OUT of program signaling (previous to this, programs had to OPT IN to participate). There are no anticipated downsides to receiving this information in a more transparent, reliable, and equitable way that minimizes the effort of reading and interpreting emails and calls from applicants and their advisors reaching out to convey interest.

2. Will programs be charged an additional fee to participate in program signaling?

No, there are no additional fees associated with participation.

3. How/When will programs receive signals?

Programs will be able to view signals directed at them individually as a part of the ERAS application system when it opens to programs.

4. How should programs use the signal data?

Programs will receive both gold and silver signals. Gold indicates an applicant expressing *highest* interest, and silver indicates *very high* interest. Programs will need to individually decide how signals are ultimately used. While programs should consider all applications received regardless of an associated signal, signals may be used to assess genuine interest and may identify candidates that programs may not have recognized as a potential recruit. Applicants are limited to a total of 15 signals, so programs should recognize that many highly qualified and potentially interested applicants will be in the non-signaling group.

5. Does a program have to offer interviews to all applicants who have signaled them?

No. Signals are one of many tools for programs to use to assess alignment with their program when conducting their application review and consideration for interview offers.

6. What if a program does not get enough signals from applicants to fill its interview spots?

Programs can interview any applicants for their program regardless of whether they have shown additional interest using a signal. The application itself communicates interest in the residency program. As applicants are limited in total number of signals, programs should review and expect to offer interviews to applicants who have not signaled their programs. They should consider conducting their application reviews as they have always done in previous years and use the signals as an additional indicator for higher interest from an applicant.