SAU Match Updates & Preference Signaling
Agenda

1. Introductions and Overview
2. Role of SAU and Related Organizations
3. National Synchronized Interviews and Flush Date
4. Preference Signaling
5. Match Violations
6. Applicant and Program Director Survey
7. Q & A
Overview and Introduction
Who are the different organization involved in the Match?

- SAU: Society of Academic Urologists
- AUA: American Urological Association
- ERAS: Electronic Residency Application Service
- AAMC: American Association of Medical Colleges
- NRMP: matching system other specialties use
- Not directly involved in the Match:
  - ACGME-residency program requirements, rules to follow
  - RRC-residency program assessment and accreditation, expansion
Who runs the Urology Match?

• This is handled jointly by the AUA and the SAU

• AUA performs the actual match, handles registration and lists, preference signals

• SAU adjudicates match violations, makes decisions about structure, changes, information and feedback
FAQs

• **Can the SAU increase the number of spots for applicants?** No, this is done by programs and in conjunction with their own institutions and the RRC.

• **Does the SAU decide in person vs virtual interviews?** Yes, this is decided yearly based upon survey data and AAMC recommendations.

• **Is the SAU the right organization to contact if I am asked to interview in person or do a second look?** YES we help with this confidentially every year.
<table>
<thead>
<tr>
<th>Date</th>
<th>Event</th>
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<tbody>
<tr>
<td>June 23, 2023</td>
<td>Match registration opens</td>
</tr>
<tr>
<td>Sept 1, 2023</td>
<td>Preference signaling begins for applicants</td>
</tr>
<tr>
<td>Sept 15, 2023</td>
<td>Preference signaling ends for applicants</td>
</tr>
<tr>
<td>Sept 28, 2023</td>
<td>Programs start receiving applications via ERAS</td>
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<td></td>
<td>Preference signals are delivered to programs by AUA via email</td>
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<tr>
<td>Sept 28-Oct 26, 2023</td>
<td>Programs review applications (4 weeks)</td>
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<tr>
<td></td>
<td>* 1 week more than years prior</td>
</tr>
<tr>
<td>October 27, 2023</td>
<td>• All programs must send all applicants notice: Accept for interview, Waitlist or Decline via standard methods (email, ERAS, Thalamus, Interview Consultant, etc)</td>
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<tr>
<td></td>
<td>• Programs can send applicants notice anytime during business day October 27th</td>
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<tr>
<td></td>
<td>• <strong>Interview offers must be date specific</strong> so applicants can reconcile all interview offers and dates</td>
</tr>
<tr>
<td></td>
<td>• Programs are not required to give interview time</td>
</tr>
<tr>
<td>October 27-30, 2023</td>
<td>Applicants consider interview offers but may not reply or contact programs</td>
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<tr>
<td>October 30, 2023</td>
<td>Applicants must reply to all offers and Accept or Decline between 8a—2pm EST</td>
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<td>Programs will review acceptances and declinations, review waitlist requests, and organize their list.</td>
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<tr>
<td>Date</td>
<td>Event</td>
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| October 30, 2023   | • After 2pm EST/11am PST Programs can start to communicate with applicants again for confirmations, waitlist fillings, and offering interviews to fill available interview slots  
• Applicants can respond to programs to accept or decline offers from waitlist |
| October 31, 2023   | Flush Day (9am-6pm EST/6am-3pm PST)  
• Applicants can communicate with programs to drop interviews from “Acceptances” and schedule interviews from “waitlist” offers |
| November 1, 2023   | • Applicants cannot cancel any interview offers they have accepted (accepted or waitlist offers)  
• Programs can continue offering interviews to applicants on their wait lists to fill spots. |
| November 21, 2023  | Rank list submission opens                                                                                                               |
| December 29, 2023  | SAU match registration deadline                                                                                                          |
| January 9, 2024    | Rank lists deadline                                                                                                                      |
| February 1, 2024   | Urology Match                                                                                                                           |
Synchronized Interview Release-reminders

• Programs notify **all** applicants of Acceptances, Waitlist, or Decline on Friday Oct 27, 2023

• Applicants reply to all offers to confirm Acceptance or Decline on Monday Oct 30, 2023

• Flush Day is Tuesday Oct 31, 2023
  ▪ The only day an applicant may drop an accepted interview
How has it worked?

- Overwhelming support programs and applicants of Synchronized release and Flush day
  - Some applicants pick up interviews from the wait list
  - Programs were able to fill interview days
  - Some applicants did not move off any waitlists
  - Some concerns persist about interview hoarding

![Continue Synchronized Interview Release](chart)

![Continue Flush Day](chart)
Most common issues

• Programs released interview notice before the designated date
  ▪ Most self reported the error

• Programs NOT informing applicants they are on the waitlist or declined
  ▪ Remember, programs notify all applicants of their status (Accept, Waitlist, or Decline) on the Friday of Interview offer weekend

• Reminder: Second look policy is unchanged
  ▪ No second looks
SAU Preference Signaling 2022-2023: Comparison of Cycle 2 Outcomes & Perceptions to Urology Pilot and Other ERAS Specialties
Overview

- Preference Signaling Outcomes in 2022-2023
- Other ERAS Specialties Experience/Data 2022-2023 via OPDA
- New Changes
What is Preference Signaling?

- **PS** is a standardized system, initiated and controlled by applicant facilitating credible, formal and equitable process for applicants to signal a particular program to demonstrate a genuine interest.
Design?

- **30 signals** per applicant, all **equal** weight
- Optional for Applicants; Default opt-in for Programs with option to opt-out
- YES to signaling to home program or programs with in-person clinical rotation
  - NEW CHANGE and RECOMMENDATION in LINE with AAMC
Signal Distribution to Programs 22-23

Average Signals sent to programs: **18** (range 1 to 61)
Signal Distribution by Quartile of Program 22-23

- Programs #1-36: 9%
- Programs #37-73: 17%
- Programs #74-109: 26%
- Programs #110-146: 48%

Legend:
- Green: 1st Quartile
- Blue: 2nd Quartile
- Purple: 3rd Quartile
- Green: 4th Quartile
Rate of Interview per Signal 22-23

<table>
<thead>
<tr>
<th>Signal</th>
<th>Interview</th>
<th>No Interview</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>67</td>
<td>31</td>
</tr>
<tr>
<td>2</td>
<td>60</td>
<td>37</td>
</tr>
<tr>
<td>3</td>
<td>36</td>
<td>46</td>
</tr>
<tr>
<td>4</td>
<td>37</td>
<td>59</td>
</tr>
<tr>
<td>5</td>
<td>68</td>
<td>28</td>
</tr>
</tbody>
</table>

Response Rate 453/556, 78%
Interview Rates 21-22: Overall vs Signaled vs Non Signaled

Overall interview rate: 12.5

Signaled interview rate: 51 (4x)

Non signaled interview rate: 10

ENT Data 2021:
- Overall: 18%
- Signaled: 58%
- Non Signaled: 14%

Universal Program Response
Interview Rates 22-23: Overall vs Signaled vs Non Signaled

Overall interview rate
Signaled interview rate
Non signaled interview rate

Overall vs Signaled vs Non Signaled

Overall
Signaled
Non Signaled

0 10 20 30 40 50 60

4x

13
11
52

OBGyn 2023
Ortho 2023
Gold
Silver

53%
31%
5%
23%
5%
1%
Applicant Behavior 22-23

I sent signals to programs I had genuine interest in

- Strongly Agree: 79
- Slightly Agree: 12
- Slightly Disagree: 6
- Strongly Disagree: 0

I sent signals to programs which were "reach" or prestigious programs

- Strongly Agree: 29
- Slightly Agree: 20
- Neutral: 18
- Slightly Disagree: 16
- Strongly Disagree: 15

Response Rate 426/508, 84%
Applicant Perceptions 22-23

Overall, I would recommend that the...

- Signaling benefits applicants: 46% Strongly Agree, 26% Slightly Agree, 29% Neutral, 2% Slightly Disagree, 1% Strongly Disagree
- Signaling benefits programs: 36% Strongly Agree, 29% Slightly Agree, 24% Neutral, 3% Slightly Disagree, 6% Strongly Disagree
- Signaling improved my ability to...: 26% Strongly Agree, 24% Slightly Agree, 30% Neutral, 3% Slightly Disagree, 7% Strongly Disagree
- Signaling is a fair and equitable...: 35% Strongly Agree, 30% Slightly Agree, 29% Neutral, 3% Slightly Disagree, 3% Strongly Disagree
- Signaling allows applications to be...: 34% Strongly Agree, 32% Slightly Agree, 32% Neutral, 3% Slightly Disagree, 2% Strongly Disagree

Response Rate 92/144, 64%
How did Programs Use Preference Signals (%) 22-23

- Interview sent to every applicant that...
- Other (please specify)
- Did not use them
- Used after interviews to develop rank list
- As a screening tool before application review
- As a tie breaker for interview list
- Incorporated into initial application review
Overall, I would recommend that the AUA/SAU continue preference signaling.

Signaling improved my ability to discern applicant interest in my program.

Signaling is a fair and equitable process.

Signaling allows applicants to be noticed by programs that they have the most.

- Strongly Agree
- Slightly Agree
- Neutral
- Slightly Disagree
- Strongly Disagree

Response Rate 92/144, 64%
Preference Signaling Landscape

ENT 2021/22

Urology 2022

Gen Surg Int Med Medicine Derm 2022

ERAS Sup App

Adult Neurology, Anesthesiology, Dermatology, Dx Radiology & IR, Emergency Medicine, Neurologic surgery, OBGYN Orthopedic Surgery, Pediatrics PM&R, Preventative Medicine, Psychiatry

2023

OBGYN (3 Gold, 15 Silver); Orthopedic Surgery (30)
Participating Specialties for the 2023 ERAS Season

With the support of their specialty leadership organizations, programs from the following specialties may participate in the supplemental ERAS application for the 2023 ERAS season.

<table>
<thead>
<tr>
<th>Specialty</th>
<th>Experiences</th>
<th>Geographic Preferences</th>
<th># of Program Signals</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adult Neurology</td>
<td>Yes</td>
<td>Yes</td>
<td>3</td>
</tr>
<tr>
<td>Anesthesiology</td>
<td>Yes</td>
<td>Yes</td>
<td>5</td>
</tr>
<tr>
<td>Dermatology</td>
<td>Yes</td>
<td>Yes</td>
<td>3</td>
</tr>
<tr>
<td>Diagnostic Radiology and Interventional Radiology</td>
<td>Yes</td>
<td>Yes</td>
<td>6</td>
</tr>
<tr>
<td>Emergency Medicine</td>
<td>No</td>
<td>No</td>
<td>5</td>
</tr>
<tr>
<td>General Surgery</td>
<td>Yes</td>
<td>Yes</td>
<td>5</td>
</tr>
<tr>
<td>Internal Medicine (Categorical)</td>
<td>Yes</td>
<td>Yes</td>
<td>7</td>
</tr>
<tr>
<td>Internal Medicine/Psychiatry</td>
<td>Yes</td>
<td>Yes</td>
<td>2</td>
</tr>
<tr>
<td>Neurological Surgery</td>
<td>Yes</td>
<td>Yes</td>
<td>8</td>
</tr>
<tr>
<td>Obstetrics and Gynecology</td>
<td>No</td>
<td>No</td>
<td>3 (gold) 15 (silver)</td>
</tr>
<tr>
<td>Orthopedic Surgery</td>
<td>Yes</td>
<td>Yes</td>
<td>30</td>
</tr>
<tr>
<td>Pediatrics</td>
<td>Yes</td>
<td>Yes</td>
<td>5</td>
</tr>
<tr>
<td>Physical Medicine and Rehabilitation</td>
<td>Yes</td>
<td>Yes</td>
<td>4</td>
</tr>
<tr>
<td>Preventive Medicine</td>
<td>Yes</td>
<td>Yes</td>
<td>3</td>
</tr>
<tr>
<td>Psychiatry</td>
<td>Yes</td>
<td>Yes</td>
<td>5</td>
</tr>
</tbody>
</table>
Other ERAS Specialties Experience/Data 2022-2023 via OPDA

- **Ortho**
  - Elected 30 to create value for both programs and applicants
  - Small # signals produce signal concentration as “aspirational tokens”
  - Used Kogan et al J Urology 2022 Simulated Capped Application Process that analyzed 25
  - Broader signal distribution
  - 86 → 77 app per applicant (12% reduction)

- **OBGyn**
  - (3) Gold: 53% interview rate
  - (15) Silver: 31% interview rate
  - No signal: 5% interview rate

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<thead>
<tr>
<th></th>
<th>Ortho</th>
<th>Specialty with low # signals</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mean % per program</td>
<td>37%</td>
<td>5-8%</td>
</tr>
<tr>
<td>% to top 10% of programs</td>
<td>17%</td>
<td>26-31%</td>
</tr>
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A Preliminary Research and Review and Program Reactions to Program Signaling. ERAS, AAMC & OPDA. Available at https://vimeo.com/819886701
Summary & Recommendations

- Urology 2\textsuperscript{nd} cycle 22-23 largely showed similar outcomes to pilot 21-22
  - Average #, Distribution, % to top quartile, signal interview rates, applicant behavior & perception, program behavior & perception stable

- Change SAU-AUA recommendation to include signals to home program and away programs in line with AAMC recommendations for 23-24 to simplify instructions

- SAU0AUA 2023 paradigm change to large volume signals
  - Ortho and OB experience positive
  - At least 4 other specialties to increase in 23-24 (Ortho 30, OBGyn 3+15, ENT 25, Anesthesia 5+10, Derm 3+25, Radiology 6+6)
  - Avoid signal concentration to aspirational programs & improve distribution
  - Potentially realize application volume reduction as seen in Ortho
Geographic Information

What are the Geographic Preferences and Setting Preferences sections?

The Geographic Preferences section gives applicants the opportunity to communicate their preference or lack of preference for geographic divisions and urban, suburban, or rural settings.

- **Geographic division preference.** Applicants will be asked to select up to three U.S. Census divisions (as in the map below) they prefer to live in or to indicate they do not have a preference, meaning they are willing to train anywhere in the country. They will also have an opportunity to explain each selection with a 300-character description.

- **Setting preference.** Applicants will be asked to indicate a degree of preference for an urban, suburban, or rural setting or indicate they do not have a preference. They will also have an opportunity to explain their preference or lack of preference with a 300-character description.
For setting preference, if an applicant indicates a preference or lack of preference for the setting, their response and the corresponding written explanation of their preference will be shared with all programs they apply to.

The applicants’ setting-preference options are listed and defined below; applicants can choose only one setting preference:

- Urban
- Suburban or urban
- Suburban
- Rural or suburban
- Rural
- No preference

**Urban**: Central part of a city with high population.

**Suburban**: Smaller urban area around a city and less populated.

**Rural**: Large amounts of undeveloped land with few homes or buildings and low population density.
Changes to the Hometown(s) section of the MyERAS application

The updated hometown field provides a structured format to make it easier for you to identify the context and geographic locations where an applicant has spent a significant amount of time and/or has or had connections.

Applicants can now enter up to five hometowns. A hometown is defined as an area where the applicant currently lives or has previously lived and feels strong ties or a sense of belonging to. The maximum number of five hometowns is aimed at applicants in families in the military or involved with international work; we expect that most applicants have not had five hometowns.

Applicants will also be able to indicate the setting of their hometown. This might be particularly useful for programs that want to identify applicants who align with a mission focused on caring for patients in a particular setting, like understanding and treating the unique conditions of patients within rural and underserved areas. Setting options for hometowns are the same ones applicants will have when indicating their setting preferences and the location of their selected experiences:

- **Urban**: Central part of a city with a high population.
- **Suburban**: Smaller urban area around a city and less populated.
- **Rural**: Large amounts of undeveloped land with few homes or buildings and low population density.
Match Violations
Match Violations

• What constitutes a Match violation?
• How to report a Match violation?
• What happens next?
Urology Match Violations – A History

• 2017 – SAU Taskforce formed
• Baseline high rates of violations:
  ▪ Inappropriate interview questions
  ▪ Post-interview communications
• 2018 – Urology Match Code of Conduct
  ▪ [https://sauweb.org/match-program/resident-match-process.aspx](https://sauweb.org/match-program/resident-match-process.aspx)
SAU/AUA Urology Match Code of Conduct

- Program directors accept responsibility for the actions of all interviewing team members.
- PDs and interviewing team members will avoid asking applicants about private info/info associated with a protected status (Pregnancy, Parental status, Pre-existing conditions, Preferences).
- PDs and interview team members will respect an applicant’s right to privacy and confidentiality.
- PDs and interviewing team members will avoid post-interview communication.
Match Violations 2.0

Synchronized Interview Invitation Release Date

Core Principle: there is a guaranteed interview tied to the invitation

ALL programs must disclose ALL acceptances, declines, and waitlists on the same date

ALL interview acceptances must be honored
New Violations

• Release interview invitations BEFORE the synchronized date
• Query applicants in advance on their preferred interview dates
• Release interview invitations BUT NOT declines or waitlists
• Not honored date-specific interview invitations
Long-standing Violation: 2\textsuperscript{nd} Look

**SAU/AUA Match Policy:**

Programs will not state, suggest, or imply that visiting rotations or second looks are required or have any impact on the applicant ranking order. The SAU strictly prohibits requiring visiting rotations or mandating or offering second looks.
Reporting/Reviewing Match Violations

In the event that an applicant or program registers a complaint through the SAU reporting system, the SAU will conduct an investigation according to the Match Violations Process and provide recommendations or sanctions if the rules of the SAU-AUA Match have been violated. Neither the American Board of Urology (ABU) nor the Accreditation Council of Graduate Medical Education (ACGME) will assist in resolving such disputes but may be notified of confirmed Match violations.

Anyone with knowledge of Match violations should contact the SAU to report such violations at info@sauweb.org or via the Match Violations Form.

The SAU Match Violations Committee members act on behalf of the SAU to review evidence and analyze information to determine if a Match violation occurred.

Visit SAU’s website to access the Match Violations Form or to learn more about the Match Violations review process.
Disposition of Reported/Reviewed Violations

- **First Violation** — SAU may refer the concern to the AUA Board of Ethics, the ABU and Urology Review Committee of the Accreditation for Graduate Medical Education (ACGME).

- **Second Violation** — SAU may suspend any applicant or program from the SAU-AUA Match for one year following the ruling of violation based on credible evidence produced by the Match Violations Committee that the applicant or program violated the terms of the SAU-AUA Match Requirements & Guidelines.

- Violators of the SAU-AUA Match will be registered on the SAU and AUA websites.
Applicant and Program Director Survey
How is the survey used?

• This is used every year to decide:
  ▪ Did innovations and changes work?
  ▪ Should we do in person or virtual interviews?
  ▪ Did preference signals help?
  ▪ What changes should we make next year?

The survey matters. Please fill it out and let your voice be (confidentially) heard!
Q & A