AACOM

TOOLKIT TO SUPPORT STUDENTS REENTERING THE RESIDENCY APPLICATION & MATCH PROCESS

THIRD EDITION

Guidance for Osteopathic Medical Schools

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Executive Summary

The American Association of Colleges of Osteopathic Medicine (AACOM) Board of Deans established a task force in 2022 to address critical issues impacting osteopathic medical education. One of the key focus areas is the transition to residency. As part of the overall considerations in the transition to residency, the UME-GME Task Force sought to address some of the recommendations released by the Coalition for Physician Accountability's Undergraduate to Graduate Medical Education Committee.[1] In this report, the committee expressed concern for the growing number of unmatched physicians and sought recommended interventions. AACOM seeks to support the colleges of osteopathic medicine (COMs) by sharing existing best practices to support the continued improvement approach to address unmatched graduates and to offer alternative pathways.

The AACOM UME-GME Task Force's Transition to Residency Working Group created the Unmatched Action Group to provide recommendations for COMs to offer unmatched osteopathic medical graduates. The action group has developed categories for unmatched students based on likely reasons for being unmatched and provides recommendations for each category. In addition, the action group elucidates leadership, resilience and mental health considerations that should be acknowledged and provides resources and solutions to address these factors, including alternative pathways or careers. The toolkit concludes with an exemplar of how institutions may structure a program for unmatched students to incorporate many of the recommendations in the toolkit in a comprehensive manner.

Background

AACOM's first UME-GME Task Force Residency Match Working Group fielded a survey in 2018 and 2019 to determine reasons why students did not match. Each year, the survey was sent to medical school advisors and COM deans. The results were shared with the AACOM Board of Deans in 2018 and 2019. The data pointed to low board scores and lack of parallel plans as the key reasons students did not match. AACOM shared guidance on strategies or options for unmatched students with the Board of Deans from 2018 to 2020 in preparation for the single match in 2020.

Options for unmatched students at that time were focused on offering a research year, an additional degree (MPH, MBA, MHA, PhD, EdD, JD), volunteer work (AmeriCorps) or paid, paid employment in research, clinical education or teaching. Recommendations for match re-entry included rethinking match strategy, expanding specialty and geographic options, increasing contiguous (one specialty) ranking and increasing the rank order list. Applications could also be enhanced with updated letters of recommendations, personal statements and demonstration of interest in a particular program.

The goal of Phase II of the UME-GME Task Force through the Transition to Residency Working Group and the Unmatched Action Group is to provide additional recommendations for unmatched students and initiatives for AACOM to pursue to support COMs and students.

Categories and Definitions

The UME-GME Transition to Residency Working Group defined "unmatched students" as students who have not placed into a residency program by July 1 at the end of their fourth year.

The Unmatched Action Group organized recommendations for students based on two categories of students that tend to be unsuccessful in the Match. Each category may require slightly different recommendations.

- **Group A:** Students who are committed to a specialty that they may either not be academically competitive for and are not willing to broaden their specialty options or did not create a strategic application plan to ensure placement success. Students who may have received an unfavorable or poorly written letter of recommendation or may be in another unfortunate scenario not explained by poor academics/interpersonal skills
- **Group B:** Students who are academically strong and well-rounded but did not match into their specialty due to lack of interpersonal skills (professionalism issues, poor interview skills, etc.)
- **Group C:** Students who partially matched and will need resources to match into a categorial program

This toolkit focuses on strategies and recommendations for Groups A and B, and the action group will address Group C in the second iteration of the toolkit.

These groups and categories were created based on the experience of seasoned advisors and available data. Feedback on the categories and recommendations was solicited from the AACOM Council on Residency Placement, the AACOM Board of Deans and the AACOM Clinical Deans group.

Options for Unmatched Students

Medical schools offer various options for unmatched students with the goal of equipping them with additional credentials and experiences for success in the residency match. Depending on the specific circumstances of the student, schools may graduate the student who is unmatched or they may delay graduation, particularly if there is a defined plan of study. Some options for COMs to consider for unmatched students are highlighted in Table 1. Among the options are research opportunities that could be offered by the COM as a research year and/or a research scholar position at the COM that would partner the student with a mentor to conduct research relevant to the specialty of interest. In addition, some residency programs and institutions may offer research fellowships, which can be a year in length and can provide exposure to a residency program in a desired specialty. The AACOM Unmatched Action Group recommends the development of a centralized location for research fellowship programs and other fellowship programs. To start that effort, the group has compiled a few research fellowships by specialty; however, a more exhaustive list will be beneficial for medical students.[2]

A popular option for unmatched students is a dual-degree program, such as an MPH or MBA, at the COM or an affiliated university partner. COMs could consider accepting transfer students who desire a dual degree in their COM or with their partner institution. Another option is for unmatched students to serve as a faculty member at a COM or take on

a scholar position at the COM, such as OMM fellow, primary care scholar or anatomy scholar.

Leadership opportunities that may improve the quality of the student's application may be available at national, state or local organizations. The Unmatched Action Group recommends that national, state and other organizations communicate opportunities for students (including those who have not matched) to serve on task forces and committees. These leadership opportunities could enhance the student's leadership skills and potentially offer venues for research and scholarly activity.

For those who are seeking an off-cycle position, there may be positions that become available during the year and may be posted online in various websites, as indicated in Table 1.

For those who are not interested in becoming clinically practicing physicians, there are other pathways such as health administration, public policy and government, public health and service, informatics, pharmaceutical research, consulting, communications and journalism and technology.

COMs could consider offering mentorship through alumni, faculty and chief residents to unmatched students in the specialty of interest to support and assist them with planning and preparing to reenter the Match. The Unmatched Action Group may consider developing a mentorship framework for COMs to support students in collaboration with residents and program directors in future iterations of the toolkit.

TABLE 1: OPTIONS FOR UNMATCHED STUDENTS

OPTION	DESCRIPTION/CONSIDERATION
Research opportunities	Research year at COM Potential research scholar positions Research fellowship
Dual degree program (MPH, MBA, etc.)	Dual degree programs of interest may be available at other institutions
Serve as faculty at COM	Serve as faculty after graduation to assist with PBL, OPP and clinical examination
Scholar	OMM, anatomy fellow or faculty, primary care scholar programs
Unfilled programs lists	NRMP Unfilled Programs List, **Find a Resident** **Resident Swap**
Leadership opportunities	National leadership opportunities such as service on task forces and committees
Alternative careers	Health administration, public policy and government, public health and service, informatics, pharmaceutical research, consulting, communications and journalism, technology
Mentorship	Specialty-specific, individualized mentoring

Leadership and Resilience

Students who have not matched may suffer from acute feelings of shame and imposter syndrome as a result of their experience in the Match. As such, attention should be given to their mental health, and tools should be available for them to address these challenges. To support unmatched students and address these concerns, the Unmatched Action Group partnered with the Better Physician Coaching **program** for academic year 2023-2024. Their Better Together program[3] is an incredibly flexible four-month, opt-in, web-based group coaching intervention offered by faculty of The University of Colorado. The program's results are published in **JAMA**[4] and **BMCMedEd**[5] with impressive outcomes with regard to improvements in emotional exhaustion, self-compassion and imposter syndrome. The program is an example of tools that may be available to students to address issues of confidence and self-worth.

Assistant Physician Pathway

Another option that has emerged is the assistant physician model. While the Unmatched Action Group and AACOM do not take a position in support of this model, they recognize that it is utilized by some unmatched students. As such, the action group is providing information to help inform ongoing discussions.

The Federation of State Medical Boards maintains a resource tracking states with enacted and proposed assistant physician legislation, which can be accessed through their **chart** or **map**.

Recommendations by Category

As outlined in Table 2, there may be options that work better for students in Group A and those that may work better for those in Group B. For those who may need to bolster their applications to fit the specialty of interest, recommendations such as pairing with a mentor in the specialty, conducting research, attending specialty conferences and engaging in additional clinical experiences are offered. For students who have challenges in interpersonal communication or people skills, counseling services, coaching and developing interviewing skills are offered as recommendations.

TABLE 2: RECOMMENDATIONS PER CATEGORY OF UNMATCHED STUDENTS

GROUP A	GROUP B
Pair with mentor	Attend counseling
Direct more research-focused specialties, such as dermatology, ortho and surgery, into research	Improve people skills
Pursue another degree, such as an MPH	Take a professionalism course
Maintain clinical experience, need to be clinically relevant and skilled	Meet with a career advisor or coach
Engage in volunteer work and networking (specialty)	Find a mentor
Attend conferences	Learn interviewing skills
Be a graduate teaching assistant during medical school (e.g., anatomy fellow)	

Partially Matched Students

The Unmatched Action Group understands the importance of providing support to all students who do not place into a categorical or both preliminary and advanced programs. This encompasses both unmatched students (see page 5) and partially matched students. As defined by the National Resident Matching Program (NRMP), anyone who "matches to a PGY-1, preliminary or transitional year position only or to an advanced, PGY-2 position only would be considered partially matched". The action group categorizes these students as follows:

- **Group C:** Those partially matched students who match into either a preliminary or transitional year program.

Recommendations for Partially Matched Students

Similar to how each group of unmatched students may have recommendations that work best for them, partially matched students may require unique options depending on their circumstances, as outlined in Table 3.

TABLE 3: RECOMMENDATIONS FOR PARTIALLY MATCHED STUDENTS

GROUP C
Engage in research opportunities
Consult FREIDA's vacant position listings
Pursue networking opportunities
Find a mentor
Hold leadership positions
Contact your program for additional advice
AAMC FindAResident

EXEMPLAR

Rocky Vista University College of Osteopathic Medicine: The Predoctoral Internship

Rocky Vista University College of Osteopathic Medicine (RVUCOM) developed an innovative program to support a small number of students that did not match in 2021. The Predoctoral Internship (PDI) is an opportunity for students to augment their residency applications by tailoring experiences to their specific personal and professional needs. The program takes place during an additional year of medical school that was offered to students at no additional cost. Students had the opportunity to participate in one of two variations of the program: the Predoctoral Internship (PDI) or the Master's Predoctoral Internship (MPDI). The PDI is a full-time course taken entirely at RVUCOM. The MPDI allows the student to enroll in the MPDI at RVUCOM while also enrolling in a master's program at another institution.

Structure

The PDI is a 48-credit course split into 24 credits per semester. The MPDI is a 24-credit course split into 12 credits per semester. Students are required to apply for the program, and in the application, are required to specify in which of four focus areas they want to work: research, primary care, anatomy or simulation medicine. The academic experience gives them a deeper understanding of operating within a team of educators. Additionally, all students are required to participate in research and either publish or present their research at a conference. Students are also required to do two audition rotations in their fall term. They must have regular meetings with their faculty mentor to review their progress and goals as well as meetings with career advisors to review their application and interview skills.

Not surprisingly, faculty discovered that there was a lot of shame involved in being unmatched. They found that working with this underlying shame is critical to allowing students to move through the program and to be able to discuss their experience with program directors during interview season. Additionally, they discovered that one of the key components to helping students process and grow from the experience was to provide dedicated leadership training. Students followed eight hours of leadership training based on Brené Brown's book, *Dare to Lead*. Students also had guest lectures in practical leadership as well as mentors to help put words to practice. Not only did this improve the student experience within the program, but the leadership training also ended up being one of the most impactful areas of training for hospital and residency program partners.

Successful completion of the PDI program entails demonstration of the Association of American Medical Colleges' 13 Entrustable Professional Activities, satisfactory progress during quarterly evaluations and good academic standing in clinical rotations.

Results

RVUCOM saw 100 percent placement with the first cohort completing the PDI or MPDI program. These students matched into competitive specialties like anesthesia, psychiatry and orthopedics. Students provided feedback that they felt supported, cared for and less ashamed about their situation. These feelings have engendered more loyalty to RVUCOM. In fact, most graduates of the program offer to serve as mentors for current unmatched students. Finally, the program has also improved RVUCOM's relationships with their hospital partners and preceptors.

The PDI program is not built to be, nor is it considered to be, a remedial program. Students and residency personnel alike view it as a mechanism to develop more competitive and accountable graduates. There has continued to be 100 percent placement over the two years the program has been in place.

Though tuition during the PDI program is free, the experience itself is not a "free year." Students are held accountable for deliverables and their time. If they do not meet certain standards, then they must meet with directors to formally leave the program.


STUDENT AFFAIRS

Appendices

APPENDIX A: ANNOTATED BIBLIOGRAPHY OF MENTORSHIP IN MEDICAL SCHOOL

The Need for More Mentorship in Medical School

Bhatnagar V, Diaz S, Bucur PA. The need for more mentorship in medical school. Cureus. 2020;12(5):e7984. . doi:10.7759/cureus.7984

The quality and quantity of mentorship that a medical student receives can affect overall career success, job satisfaction and compensation and research productivity. Gender affects mentorship outcomes, with male physicians being three times more likely than female physicians to report ttheir mentorship experience had a positive impact on their career. A survey was administered to fourth-year osteopathic medical students at a midwestern school to investigate a mentorship's impact on the students' decisions involving rotation choices, residency programs, field of practice, interest in research and career trajectory. Responses were roughly a 60/40 split between students who reported that they did not receive enough mentorship and students who reported they received the right amount of mentorship. Most of the respondents who reported a positive mentorship experience were interested in primary care. Respondents with more negative responses were mostly in non-primary care and alluded to the dearth of mentorship opportunities available to them at their institution. The results of the study do not indicate whether formal or informal mentorship is more valuable for students; each method produces ample results based on the individual student's needs.

Mentorship of US Medical Schools: a Systematic Review

Farkas AH, Allenbaugh J, Bonifacino E, Turner R, Corbelli JA. Mentorship of US medical students: a systematic review. J Gen Intern Med. 2019;34(11):2602-2609. doi:10.1007/s11606-019-05256-4

Though most medical students consider mentorship important to their education, only one-third of medical students report having a mentor. In response to dynamic student needs and an increasingly competitive residency match process, medical schools have developed innovative mentorship programs. In this study, most programs utilize a traditional dyad model of mentorship. The second most common model is a combination of the dyad and group mentoring models. Group mentoring opened up broad discussion, allowing for one-on-one meetings to be based on individual's needs. Seven programs reported objective outcomes related to clerkship grades, research productivity and residency match. Some programs were specifically geared toward underrepresented minority or female medical students. There was a general positive correlation between specialty-specific mentorship and applications/matches in that specialty. Nineteen programs reported subjective outcome measures of success with evaluation of these programs largely measured by ratings of satisfaction. Mentorship program costs generally came from faculty salary support, with one program listing $500,000 in faculty support cost. Barriers to consider include busy faculty schedules, lack of mentors of the same demographic/specialty as mentees and mentor skill development.

Mentoring During Medical School and Match Outcome among Emergency Medicine Residents

Dehon E, Cruse MH, Dawson B, Jackson-Williams L. Mentoring during medical school and match outcome among emergency medicine residents. West J Emerg Med. 2015;16(6):927-930. doi:10.5811/westjem.2015.9.27010

A systematic review of mentoring programs for medical students revealed that having a mentor is associated with increased research productivity and interest in academic careers, enhanced well-being and specialty choice for medical students. In a survey administered to emergency medicine (EM) residents, 67 percent reported having a mentor during medical school, 80 percent of the mentors being EM physicians. Of those students with mentors, 76 percent reported having self-identified their mentor, with the others having been assigned a mentor by their school. According to the study, there was no significant correlation between having a mentor and match outcomes. Match outcomes were significantly associated with class rank and type of degree (MD vs. DO). However, there was a correlation between the effectiveness of the mentor and match outcomes; a supportive, motivating and helpful mentor factors toward an applicant's chance of matching into their top program. The study also identified that osteopathic students are less likely to have a mentor than allopathic students. Study results should be taken with a grain of salt due to small sample size and exclusion of unmatched students in the survey. Students who self-identified their mentor may have personal characteristics that contributed to their success.

Mentoring Medical Students Towards Oncology: Results from a Pilot Multi-Institutional Mentorship Programme

Rallis KS, Wozniak A, Hui S, et al. Mentoring medical students towards oncology: Rresults from a pilot multi-institutional mentorship programme. J Cancer Educ. 2022;37(4):1053-1065. doi:10.1007/s13187-020-01919-7

It is predicted that the number of clinical oncology consultant posts will exceed the number of available physicians, a phenomenon that is likely attributed to limited exposure to oncology specialties in undergraduate medical education curricula, student teaching dissatisfaction with oncology education and lack of confidence in oncology care. Most medical school mentorship programs are focused on surgery, general medicine and emergency medicine. In a pilot mentorship program in the United Kingdom, students interested in oncology were paired with experienced oncology physicians. Each mentorship cycle was six weeks long, with mentees being required to meet with their mentor at least three times within this period. There was no strict curriculum as flexibility in mentorship relationships was encouraged. The mentorship program generated a statistically significant improvement in students' knowledge of the multidisciplinary team, as well as the role and involvement of oncologists in academia and research. Mentees' interest in oncology remained unchanged. Mentees responded that the most important skills they gained from the mentorship were clinical experience and communication skills.

Effects of Mentorship Speed Dating as an Innovative Matching Tool in Undergraduate Medical Education: A Mixed Methods Study

Guse J, Schweigert E, Kulms G, Heinen I, Martens C, Guse AH. Effects of mentoring speed dating as an innovative matching tool in undergraduate medical education: a mixed methods study. PLoS One. 2016;11(2):e0147444. doi:10.1371/journal.pone.0147444

Three key components of student-faculty mentorship are personal in nature with direct interactions, intended to be long-lasting and characterized by an integrated approach including emotional and psychological support as well as direct assistance with career and professional development. "Mentorship Speed Dating" (MSD) is an innovative matching tool that starts by having second- and third-year medical students apply to join a mentorship program, view mentors' brief online profiles, then engage in a day-long event where they meet each available mentor for five minutes, eventually ranking their top three choices for a mentor. Based on the mentee's and mentor's top three choices, mentorship pairs are formed. If

matching was unsuccessful, the MSD organizers contacted mentees with a list of available mentors and arranged for individual appointments until a match was made. Members who took part in MSD noted that it is an effective system to gauge the "chemistry" of the partnership, provides a helpful first impression, clarifies expectations of the mentorship and is an efficient and active selection process with mentors also choosing to participate in a mentorship relationship. MSD matched partnerships lasted more than a year, in contrast to a sample cohort of partnerships formed using a more traditional matching method, in which more than one-third of mentorships dissolved before one year.

Implementation of a Structured Surgery Mentorship Program and Success in the Surgical Residency Match

Deivasigamani, S., Jimenez, D., Grenda, T., & Tholey, R. M. Implementation of a structured surgery mentorship program and success in the surgical residency match. J Surg Res. 2022;279:97–103. Doi:10.1016/j.jss.2022.06.001

Matching into residency programs has become increasingly competitive, with only 73 percent of U.S. allopathic students matching into general surgery in the 2021 match cycle. Third-year students at Sidney Kimmel Medical College who were interested in applying to general surgery residencies were invited to a series of seven events and meetings tailored to the surgery residency application process. Five of the events were one-on-one, and two were with a group. The events covered topics such as rotations, letters of recommendations and CVs. One-on-one events were hosted by the clerkship and assistant clerkship director, whose roles specifically carved out 2-2.5 hours per week for mentorship activities. Following Match Day, all 26 students involved in the mentorship program matched into a surgery or integrated subspecialty residency program without going through the Supplemental Offer and Acceptance Program. Thirty-seven percent matched into their top choice, 16 percent to their second choice, 32 percent to a program in the top third of their rank list and 16 percent each to a program in the middle and bottom third. When comparing the mentorship cohort's applications to those of the national mean's, there was no significant difference in Step scores, number of publications, American Osteopathic Association honor society status, and research and volunteer experience, strongly suggesting that the mentorship program contributed to the cohort's success.

Virtual Mentoring: A Novel Approach to Facilitate Medical Student Applications to General Surgery Residency

Scrushy, M., Thornton, M., Stevens, A., et al.Virtual mentoring: a novel approach to facilitate medical student applications to general surgery residency. J Surg Educ. 2023;80(5):726-730doi:10.1016/j.jsurg.2023.02.008

In the United States, traditional predictors of a general surgery match include United States Medical Licensing Examination Step 2 clinical knowledge score, number of honored clerkships, Alpha Omega Alpha membership and research productivity. Lack of formal structure in the application process makes mentorship an increasingly significant factor in students' success, especially in the realms of professionalism, leadership and communication. A virtual program was established for fourth-year medical students and preliminary first-year general surgery residents. The program was designed to focus on resume editing, interview skills, personal statement composition, requesting letters of recommendation and residency program ranking. Monthly virtual group meetings were led by general surgery faculty members and were conducted in a didactic or Q&A format, and no prior preparation was required from the students. Additional one-on-one meetings were informal and focused on personal statements, CVs and mock interviews. Upon completion of the program, students reported a significant increase in their confidence in the competitiveness of their resumes, interview skills, ability to obtain letters of recommendation and writing skills, match likelihood and residency program ranking. Of the 19 participants, two did not match into a first-year general surgery residency program.

APPENDIX B: MENTORSHIP PROGRAMS BY SPECIALTY

National organizations offer mentorship programs that connect students with mentors. Below is a list of some specialty-specific programs. State osteopathic medical associations and specialty organizations may also provide mentorship resources tailored to your field. Additionally, check with your medical school to see if they have a mentorship program or an alumni network. Be sure to watch for opportunities shared on social media by specialty-specific or student interest organizations.

ANESTHESIOLOGY
American Society of Anesthesiologists (ASA)

CHILD NEUROLOGY
American College of Osteopathic Neurologists and Psychiatrists (ACONP)

Child Neurology Society (CNS)

CHILD/ADOLESCENT PSYCHIATRY
American Academy of Child & Adolescent Psychiatry (AACAP)

DERMATOLOGY
American Academy of Dermatology Association (AAD)

DIAGNOSTIC RADIOLOGY
American Osteopathic College of Radiology (AOCR)

EMERGENCY MEDICINE
Emergency Medicine Residents' Association (EMRA)

American College of Emergency Physicians (ACEP)

FAMILY MEDICINE/FAMILY PRACTICE
American College of Osteopathic Family Physicians (ACOFP)

American Academy of Family Physicians (AAFP)

GENERAL SURGERY
American College of Osteopathic Surgeons (ACOS)

American College of Surgeons (ACS)

Association of Women Surgeons (AWS)

INFECTIOUS DISEASE
Infectious Disease Society of America (IDSA)

INTERNAL MEDICINE
American College of Osteopathic Internists (ACOI)

INTERVENTIONAL RADIOLOGY
American College of Radiology (Radiology TEACHES)

MEDICAL GENETICS AND GENOMICS
American College of Medical Genetics & Genomics (ACMG)

NEUROLOGICAL SURGERY
American College of Osteopathic Surgeons (ACOS)

NEUROLOGY
American Neurological Association (ANA)

OBSTETRICS AND GYNECOLOGY
American College of Obstetricians and Gynecologists (ACOG)

American College of Osteopathic Obstetricians and Gynecologists (ACOOG)

OPHTHALMOLOGY
American Academy of Ophthalmology Minority Ophthalmology Mentoring Program (AAO)

ORTHOPEDIC SURGERY
Student American Osteopathic Academy of Orthopedics (SAOAO)

American Academy of Orthopaedic Surgeons (AAOS)

OSTEOPATHIC NEUROMUSCULOSKELETAL MEDICINE
American Academy of Osteopathy (AAO)

OTOLARYNGOLOGY – HEAD AND NECK SURGERY
American Academy of Otolaryngology-Head and Neck Surgery (AAO HNS)

PATHOLOGY
American Osteopathic College of Pathologists (AOCP)

PEDIATRICS
American College of Osteopathic Pediatricians (ACOP)

American Academy of Pediatrics (AAP)

PHYSICAL MEDICINE AND REHABILITATION
American Osteopathic College of Physical Medicine and Rehabilitation (AOCPMR)

Association of Academic Physiatrists

PLASTIC SURGERY
American College of Osteopathic Surgeons (ACOS)

PREVENTIVE MEDICINE
American College of Preventive Medicine (ACPM)

PSYCHIATRY
American Psychiatric Association (APA)

RADIOLOGY – DIAGNOSTIC
American College of Radiology (Radiology TEACHES)

SPORTS MEDICINE
American College of Emergency Physicians (ACEP)

THORACIC SURGERY/THORACIC AND CARDIAC SURGERY
The Society of Thoracic Surgeons (STS)

UROLOGY
American College of Osteopathic Surgeons (ACOS)

VASCULAR SURGERY
American College of Osteopathic Surgeons (ACOS)

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UME-GME TASK FORCE'S STEERING COMMITTEE

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AACOM UME-GME Steering Committee Members During Toolkit Development

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