

## **AAIM 2025-2026 Residency Application Season Recommendations for Program Signaling**

In an effort to address application inflation and improve match success and efficiency, AAIM informed AAMC-ERAS of Internal Medicine's (IM) intent to increase its program signals and implement a tiered structure for the 2024 – 2025 residency application season: 3 “Gold” and 12 “Silver”. The decision was based on data, AAIM town hall meetings, and discussions within the AAIM community.

Internal Medicine will continue with its 15 tiered program signals structure for the 2025 – 2026 recruitment cycle. This will ensure longitudinal data so that the Alliance and other external partners like AAMC can examine IM's signaling trends and other factors associated with it (ex. correlation between program signals to interview invitations). As AAIM and AAMC continue their discussions and collaborations on the transition to residency, the recommendations set forth apply to Categorical IM programs. Please reference the *Preliminary IM Internship Programs* section for signal information specific to those programs.

AAIM recommends that all IM residency programs clearly state on their website how they will utilize program signals when making interview decisions and modify their respective website by **July 31, 2025**. Program signals help applicants indicate their interest to interview at a residency program they perceive they would thrive at and that would best fit their interests. Residency programs may benefit from using program signals to enable holistic review of those applicants most interested in their programs when making interview decisions.

New for the 2025 – 2026 season, all IM residency programs will automatically be **opted-in** to receive program signals. Individual programs may elect to **opt-out** of participating in program signaling by indicating their choice in the Program Management tab of the Program Directors WorkStation (PDWS). The deadline to **opt-out** is **August 20, 2025**. It is worthwhile to note that though a residency program elects to utilize program signals as part of its holistic review, this does not guarantee an interview.

AAIM encourages programs to utilize [Thalamus Core](#), an interview scheduling platform with direct ERAS interfacing that is offered free-of-charge to all programs. Maximizing interview and other outcomes data in Thalamus Core helps AAMC provide the Internal Medicine community with stronger analytical information about signal and interview data at the conclusion of the recruitment season.

To encourage transparency for the benefit of applicants and share best practices with residency programs as part of their holistic review process, the AAIM Residency Application Process Work Group, a cross-council volunteer group, updated its recommendations for programs, applicants entering the match, and advisors for the 2025 – 2026 application season.

### **Preliminary IM Internship Programs:**

Given limited data, it is currently unclear how the 15-tiered program signals (3 Gold and 12 Silver) affect preliminary IM programs. Preliminary IM programs should clearly indicate on their program's website how they intend to use program signals and specify whether this is different than how they intend to use categorical program signals. To note, applicants send signals at the *institution* level for a given field. An applicant who applies to both an IM categorical and an IM preliminary program at the same institution would utilize one signal for IM at that institution. It is currently not possible to send a signal to an IM categorical program at an institution and not send one to an IM preliminary program to which the applicant has applied at the same institution.

Disclaimer: AAIM and the AAIM Residency Application Process Work Group acknowledges that the process of signaling, the number and nature of signals, and its impact on applicants and programs are dynamic and warrant additional investigation and research.

### Tiered Signaling Recommendations for Internal Medicine Residency Programs

- For the 2025 - 2026 residency application season, all Internal Medicine applicants will be allotted 3 “Gold” and 12 “Silver” program signals.
- New for this season, all IM residency programs will automatically be **opted-in** to receive program signals. Individual programs may elect to **opt-out** of participating in program signaling by indicating their choice in the Program Management tab of the Program Directors WorkStation (PDWS) by **August 20, 2025**.
- AAIM strongly recommends that programs view applicants’ signals as a sign of interest in their program when allocating interview invitations.
- Programs should not use signals for rank list decision-making. Because signals are chosen early in the application process, applicants’ preferences may evolve before ranking.
- All applicants should signal programs if interested. This includes programs where an applicant may have done visiting rotations or programs affiliated with an applicant’s own medical school. This promotes equity for those who do not have “home” programs (ex. US and non-US international medical graduate applicants and applicants at medical schools without residency programs).
- We recommend categorical and preliminary IM programs clearly state their planned use of signals for the application season on their respective websites by **July 31, 2025**. This includes clearly stating a program’s intent to **opt-out** of using program signals as part of its holistic review processes. Some suggested languages are as follows:
  - “Due to a high volume of applications (or gold/silver signals), we [do not]/ [are very unlikely to]/ [previously have not been able to] extend interview offers to applicants who do not signal our program. Though we are electing to use program signals as part of our holistic review process, please know that program signals does not guarantee an interview.”
  - “While we preferentially review applications from those who signal our program, we also consider applicants who do not signal us.”

- “Our program does not consider signals in our interview offer decision-making process and review applicants equally whether or not they have signaled us.”
- “Our program has elected to **not** use program signals this recruitment season. Please refrain from sending us a program signal and use it towards other programs that have elected to participate and that you know you will thrive in. Though we will not use program signals as part of our review process, rest assured that we review each application from a holistic lens.”
- Program signals cannot be sent to specific tracks. Instead, signals are received at the institution level within a given field, meaning that all tracks within an IM program will see the same signal information. This includes preliminary and categorical programs at the same institution. If an applicant applies to both preliminary and categorical programs at the same institution and chooses to signal that institution in IM, they utilize 1 of their 15 signals to do so. This signal will be seen by PDs as a signal for both categorical and preliminary programs.
- AAIM encourages programs to utilize [Thalamus Core](#), an interview scheduling platform with direct ERAS interfacing that is offered free-of-charge to all programs. Maximizing interview and other outcomes data in Thalamus Core helps AAMC provide the Internal Medicine community with stronger analytical information about signal and interview data at the conclusion of the recruitment season.

#### References:

1. Catalanotti JS, Abraham R, Choe JH, et al. Rethinking the Internal Medicine Residency Application Process to Prioritize the Public Good: A Consensus Statement of the Alliance for Academic Internal Medicine. *The American Journal of Medicine*. 2024; 137(3): 284-289.doi:<https://doi.org/10.1016/j.amjmed.2023.11.21>.)
2. Association of American Medical Colleges. [Program Signals Overview for Residency Applicants](#). Accessed: May 1, 2024.
3. Association of American Medical Colleges. [ERAS Statistics](#). Accessed: March 20, 2025

#### Tiered Signaling Recommendations for Internal Medicine Applicants and Advisors

- To note, the information below is intended for program signaling use in Internal Medicine (IM) and does NOT apply to fields outside of IM.
- For the 2025 - 2026 residency application season, all Internal Medicine residency applicants will be allotted 3 “Gold” and 12 “Silver” program signals.
- Applicants and advisors are strongly encouraged to visit a residency program’s website to determine if and how the program intends to utilize program signals as part of its holistic review. AAIM has recommended that programs clearly post this information by **July 31, 2025**.
- All applicants should use program signals to show interest in receiving an interview invitation from a program.
- Applicants should signal their home institution or institutions at which they have rotated if interested in an interview. This is akin to signaling other programs of interest.

- We recommend that applicants applying to Internal Medicine use all of their program signals. Some example scenarios:
  - If an applicant plans to apply to eight (8) programs, signal all 8 programs: 3 “Gold” and 5 “Silver”.
  - If an applicant plans to apply to 18 programs, signal 15 out of the 18 programs: 3 “Gold” and 12 “Silver”.
  - To note, this should not be interpreted as an application cap, nor is it intended to imply that applicants must apply to 15 programs. Many successful IM applicants may apply to fewer than 15 programs with guidance from advisors.
- Signaling a program for which an applicant is deemed qualified may increase the likelihood of obtaining an interview offer from the program. Signaling a program for which an applicant is not deemed qualified is unlikely to increase the likelihood of obtaining an interview offer from the program.
- Many programs will not offer interviews to those applicants who do not send them a program signal. Applicants are strongly encouraged to review residency program websites, the [AAMC Residency Explorer](#), other available tools, and consult with their advisors to help develop their list of programs to which they will apply to, learn how signals will be used by various programs, and assess their qualifications for a program.
- AAIM recommends that applicants distribute their signals to a range of programs they are interested in, which match their career interests and where their strengths align with the program’s mission. This should include programs that are very likely to yield interviews and a few that may be perceived as more unlikely based on an applicant’s or program’s characteristics. This span of programs may be quite narrow for some applicants and very broad for others, depending on their overall likelihood of matching and application profile.
- Program signals cannot be sent to specific tracks. Instead, signals are received at the institution level within a given field, meaning that all tracks with an IM program will see the same signal information.
- Preliminary data suggests that, overall, applicants who send geographic and program signals concordantly are more likely to receive an interview than those who indicate no geographic preferences or do not signal a region where they sent a program signal. This certainly does not apply to all programs or applicants and should be discussed with an advisor as the applicant develops their application strategy.

#### References:

1. Association of American Medical Colleges. [Program Signals Overview for Residency Applicants](#). Accessed: May 1, 2024.
2. Association of American Medical Colleges. [ERAS Statistics](#). Accessed: March 20, 2025