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Advice for the 2026–27 Ophthalmology Residency Match Season

June 3, 2026

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Welcome

Moran Roni Levin, MD
Director of Medical Student Education
University of Maryland School of Medicine

Ariane Kaplan, MD
Director of Medical Student Education
Residency Program Director
University of Michigan

Purpose of this Webinar

- A diverse panel of presenters, including department chairs, medical student and resident educators in ophthalmology, as well as those who hold roles in the dean's office, will share guidance about applying for this year's ophthalmology residency match.
- Presenters will cover tips related to an approach to residency application in ophthalmology
- We will give you the latest available information regarding this year's match.
- Attendees will receive a handout with links to useful resources.
- This webinar and associated handout will be posted

Moderators

Moderator:
Ariane Kaplan, MD
Medical Student Educator,
Residency Program Director
University of Michigan

Co-Moderator:
Moran Roni Levin, MD
Director of Medical Student Education
University of Maryland
School of Medicine

Q&A Assistance:
Nisha Chadha, MD
Associate Professor
Icahn School of Medicine at
Mount Sinai/New York Eye and Ear
Infirmary of Mount Sinai

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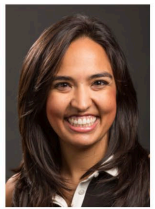
Speakers



Speaker:
Nisha Chadha, MD
Associate Professor
Icahn School of Medicine at Mount Sinai/
New York Eye and Ear Infirmary
of Mount Sinai

Speaker:
Zachary Elkin, MD, MPH
Director of Medical Student Education
NYU Grossman School of Medicine

Speaker:
Janice Law, MD
Vice Chair for Education
Vanderbilt Eye Institute

Speaker:
Jennifer Lindsey, MD, MBA
Residency Program Director and
Vice Chair for Education
Mass Eye and Ear/Harvard Ophthalmology

Speaker:
Neeti Parikh, MD
Vice Chair of Medical Student Education,
Ophthalmology
University of California, San Francisco

Speaker:
Jeffrey SooHoo, MD, MBA
Associate Dean of Admissions
and Student Affairs
University of Colorado School of Medicine

Speaker:
Paul Sternberg, MD
CEO
Association of University Professors
of Ophthalmology

Speaker:
Arthi Venkat, MD
Associate Professor
University of Virginia

Speaker:
Alice Yang Zhang, MD
Residency Program Director,
Associate Professor
University of North Carolina at Chapel Hill

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Overview of the Topics

- The Changing Landscape of the Ophthalmology Match
  Paul Sternberg, MD
- Advice from the Dean's Office
  Jeffrey SooHoo, MD, MBA
- Updates from the SF Match Oversight Committee
  Janice Law, MD
- SF Match Application
  Neeti Parikh, MD
- Letters of Recommendation
  Arthi Venkat, MD
- Preference Signaling
  Jennifer Lindsey, MD, MBA
- Away Rotations
  Zachary Elkin, MD, MPH
- Artificial Intelligence in Applications
  Nisha Chadha, MD
- Non-traditional Applicant
  Alice Yang Zhang, MD
- Open Q/A

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Speakers have no conflicts to disclose

Housekeeping

- Use the Q&A function to ask questions and communicate with panelists.
- This webinar is being recorded.

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Q/A

Nisha Chadha, MD
Director Medical Student Education
Icahn School of Medicine at Mount Sinai/New York Eye and Ear Infirmary at Mount Sinai

POLL

Paul Sternberg, MD

Chief Executive Officer

AUPO

Nashville, TN

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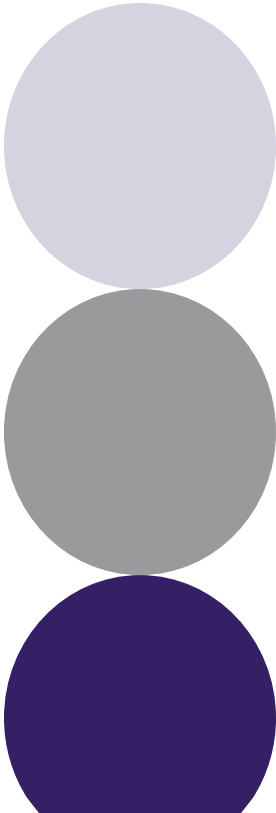
The Changing Landscape of the Ophthalmology Match

Paul Sternberg, Jr., MD
CEO, Association of University Professors of Ophthalmology
Former Chair, Vanderbilt Eye Institute



Why ophthalmology?

- Unique blend of medical and surgical care
- Always at the cutting edge of care
- Take care of patients from infant to elderly
- Develop long term enriching patient relationship
- You can directly see the pathology
- It can be really cool!
- The hours are very reasonable
- The compensation is quite good

Ophthalmology Match

- Prior to 1979, ophthalmology did not participate in NRMP and did not have a matching program
  - Interested medical students would contact ophthalmology programs, interview, and be offered slots
  - Interviews could be at any point during medical school -- mostly third or fourth year
  - Offers frequently had expiration dates – “exploding offers”
  - Applicants had a limited time to accept of decline and offer

Shortcomings of pre-match process

- Applicants had to commit to ophthalmology early in medical school
- Programs were pressured to extend offers early, to attract best candidates
- Applicants were pressured to accept offers, even when they had other interviews scheduled

Challenges along the way

- Efforts by NRMP to take over SF Match
- Challenge to SF Match algorithm led to some modification
- Risk of litigation when Family Medicine residents filed antitrust lawsuit vs. NRMP in 2002
  - Senators Kennedy and Gregg added a rider to an unrelated federal spending bill in 2004
  - Exempted NRMP from the antitrust law and the exemption was retroactive

SF Match launched in 1979

- Far from unanimous support among departments
- Greater support from smaller programs and there were more of them!
- Adopted an algorithm developed by Dr. August Colenbrander
  - Dutch trained ophthalmologist
  - Gifted mathematician and early adopter of computer technology

Recent changes to the match landscape

- Pandemic forced replacement of in-person interviews to virtual interviews
- Number of interviews limited to 15
- Virtual interviews have persisted
  - Marked reduction in travel costs to applicants
  - Easier to schedule interviews
    - Can interview at more than one program on same day
    - Don’t have limitations based on travel challenges

Recent changes to the match landscape

- Open Houses
  - With virtual interviews, candidates have not had the opportunity to visit departments
  - However, AUPO did not want to create situations where candidates could impact ranking by investing time and resources to visit
  - Open Houses give candidates the opportunity to visit programs of interest after the program has submitted their rank lists but prior to candidates submitting their list
  - Uptake of Open House opportunity has been modest

Recent changes to the match landscape

- Reduction in objective data on applications
  - Medical schools moving to “pass-fail” vs. grades
  - Step 1 Board exam moving to “pass-fail” vs. scores
  - Many schools have eliminated class rank and AOA
  - Introduction of 4 essay questions, from which candidates select 2
- Has forced programs to modify application review process
  - Much more difficult to differentiate quality of applicant
  - May lead to more reliance on candidates who are local or who have done rotations

Recent changes to the match landscape

- DEI challenges
  - In recent past, residency applications allowed candidates to self-identify as underrepresented in medicine (URIM)
  - Short essays included options to write about how a candidate could bring diversity to a program
  - 2025 Executive Orders led to elimination of these opportunities

Recent changes to the match landscape

- Preference signals
  - Initiated in 2024
  - Allows candidates to indicate preferred programs
  - Aimed to reduce number of applications submitted and help programs with interview determinations
  - Number of signals has increased each year since launch

Recent changes to the match landscape

- Batched interview release
  - Invitations for interviews released on defined dates and defined times
  - Reduces need for applicants to be alert for interview invitations at all times for several months
  - Initiated last year with 4 dates
  - Reduced to 2 dates this year with 24-hour gap between release and scheduling to give candidates time to schedule interviews thoughtfully

Recent changes to the match landscape

- Recent concerns related to AI
  - AI technology can assist applicants in preparing aspects of written application, especially person statement
  - AI technology can assist faculty in preparing letters of recommendation
  - AI technology can assist programs in screening and scoring applications
  - AI technology can even assist applicants in virtual interviews

Why ophthalmology – now?

- Despite changes in match, ophthalmology remains a very attractive career choice
- AUPO and SF Match are committed to continued reevaluation of and updates to the match to optimize the experience for our applicants

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Jeffrey SooHoo, MD, MBA

Associate Dean of Admissions and Student Affairs

University of Colorado School of Medicine

Aurora, CO

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Advice from the Dean's Office

Jeffrey R. SooHoo, MD, MBA
Associate Dean of Admissions and Student Affairs
University of Colorado School of Medicine

Disclosures

- Employed by the University of Colorado
- Former residency program director
- My opinions/thoughts are my own

Is ophthalmology right for me?

- Gauge your interest
  - Local shadowing opportunities
  - Virtual opportunities (grand rounds, etc)
  - Identify an ophthalmology mentor
  - Local ophtho interest group
  - Mentorship Programs
    - AAO Vision
    - Rabb Venable
    - Women in Ophthalmology

WOMEN IN OPHTHALMOLOGY
EMPOWERING ASPIRATIONS

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Association of University Professors of Ophthalmology
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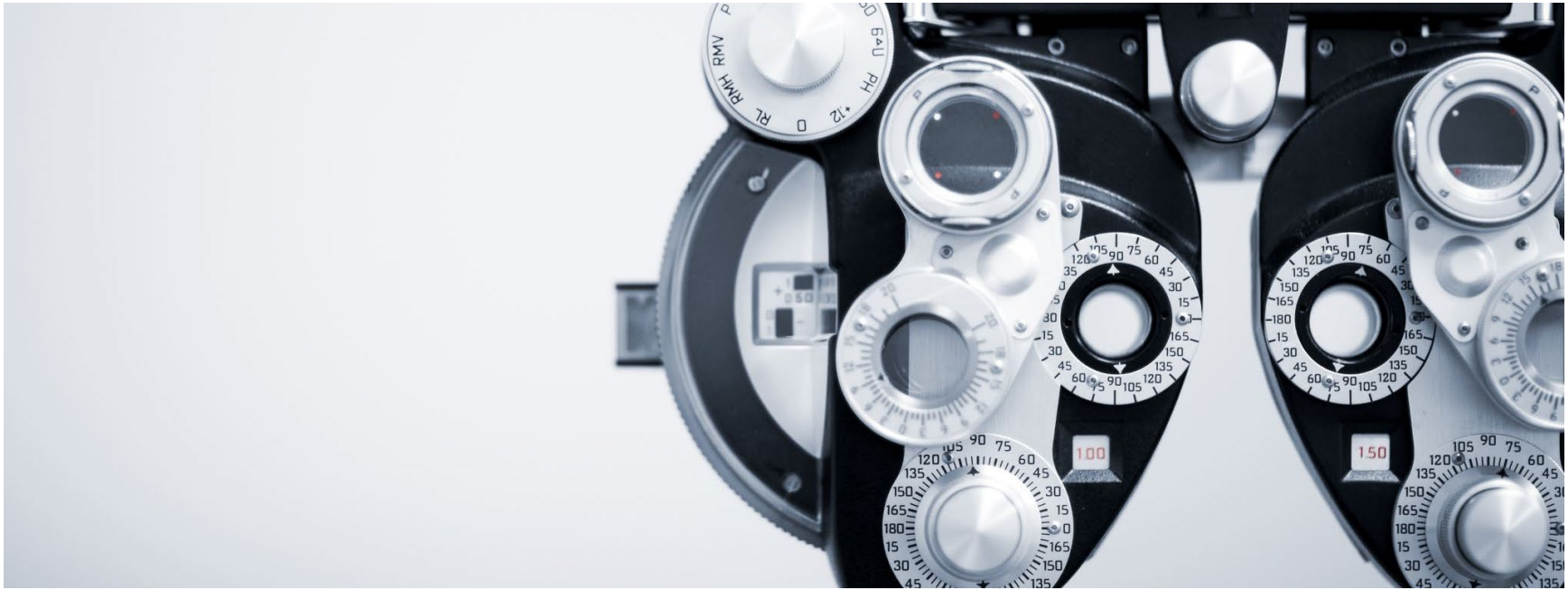
COMMITTED TO OPHTHALMOLOGY!!



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How do I compare?

- Data, data, data
- Be realistic about the overall competitiveness of the field

2025 SUMMARY REPORT

Ophthalmology Residency Match

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A Program Data

	Integrated	Joint	Total
Number of Participating Programs	56	67	123
Total Number of Positions Offered	239	286	525
Total Number of Positions Filled	239	285	524
Total Number of Unfilled Positions	0	1	1

C Comparative Overall Statistics 2019 – 2025

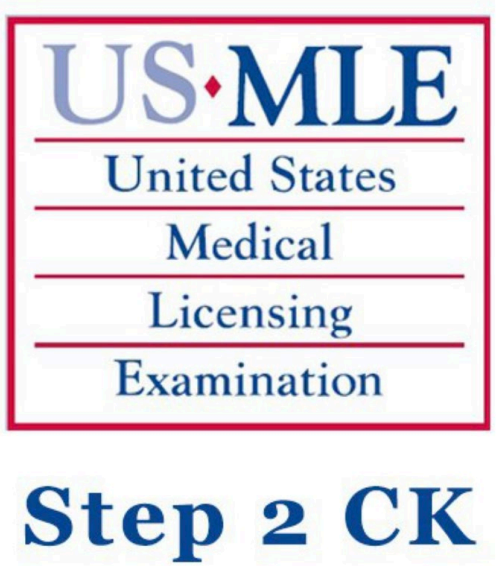
	Jan 2019	Jan 2020	Jan 2021	Feb 2022	Feb 2023	Feb 2024	Feb 2025
APPLICANTS OVERVIEW							
Registered for the match	790	737	829	877	855	917	958
Applied to programs	740	703	767	831	815	877	912
Submitted rank list	649	635	677	748	742	779	812
Ranked by programs	635	617	665	748	723	768	786
APPLICANTS MATCH OUTCOME (n / SUBMITTED RANK LIST)							
Overall % Matched	75% (484)	78% (495)	74% (498)	68% (507)	69% (514)	66% (518)	65% (524)
US Seniors % Matched	93% (449)	90% (444)	91% (455)	92% (469)	90% (464)	89% (463)	90% (470)
US Grads % Matched	4% (18)	4% (22)	6% (29)	5% (24)	6% (33)	6% (33)	8% (43)
IMGs % Matched	3% (17)	6% (29)	3% (14)	3% (14)	3% (17)	4% (22)	2% (11)
Overall % Unmatched	25% (165)	22% (140)	26% (179)	32% (241)	31% (228)	34% (261)	35% (288)
POSITIONS OVERVIEW							
Offered	485	496	499	509	516	520	525
Filled	484	495	498	507	514	518	524
Unfilled	1	1	1	2	2	2	1

H

Match Rates Among Individual Applicant Categories

	Number Matched / Number of Applicants	Category Match Rate
US Allopathic Seniors	450 / 624	72%
US Allopathic Graduates	39/65	60%
US Osteopathic Seniors	20/59	34%
US Osteopathic Graduates	4/11	36%
International Seniors	0/1	0%
International Graduates	11/52	21%

USMLE Step 2



- How important is it?
- When should I take it?
- How long should I prepare for it?

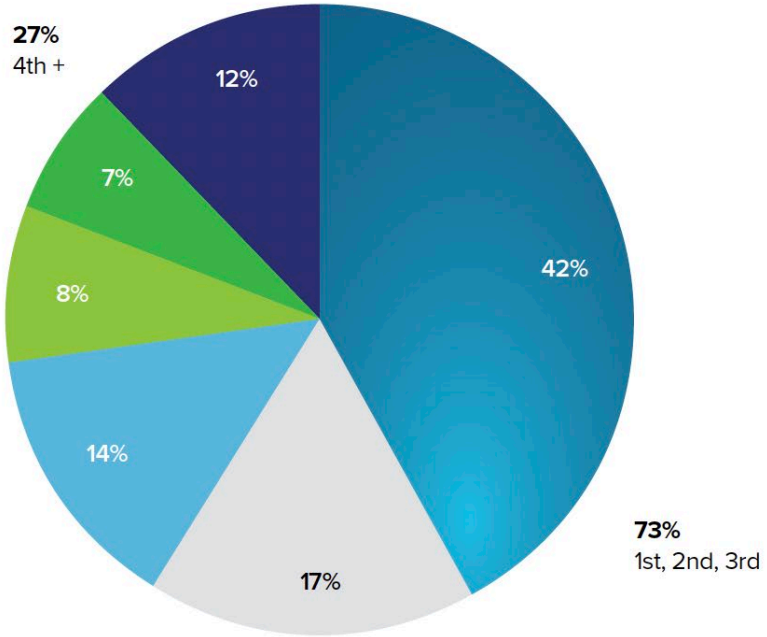
D USMLE Step 2 and COMLEX 2 Mean Scores (Range)

USMLE Step 2 CK	Matched	Unmatched
US Seniors	**258** (224-282)	**245** (215-271)
US Grads	**252** (216-268)	**243** (218-265)
Internationals	**253** (219-269)	**245** (203-271)

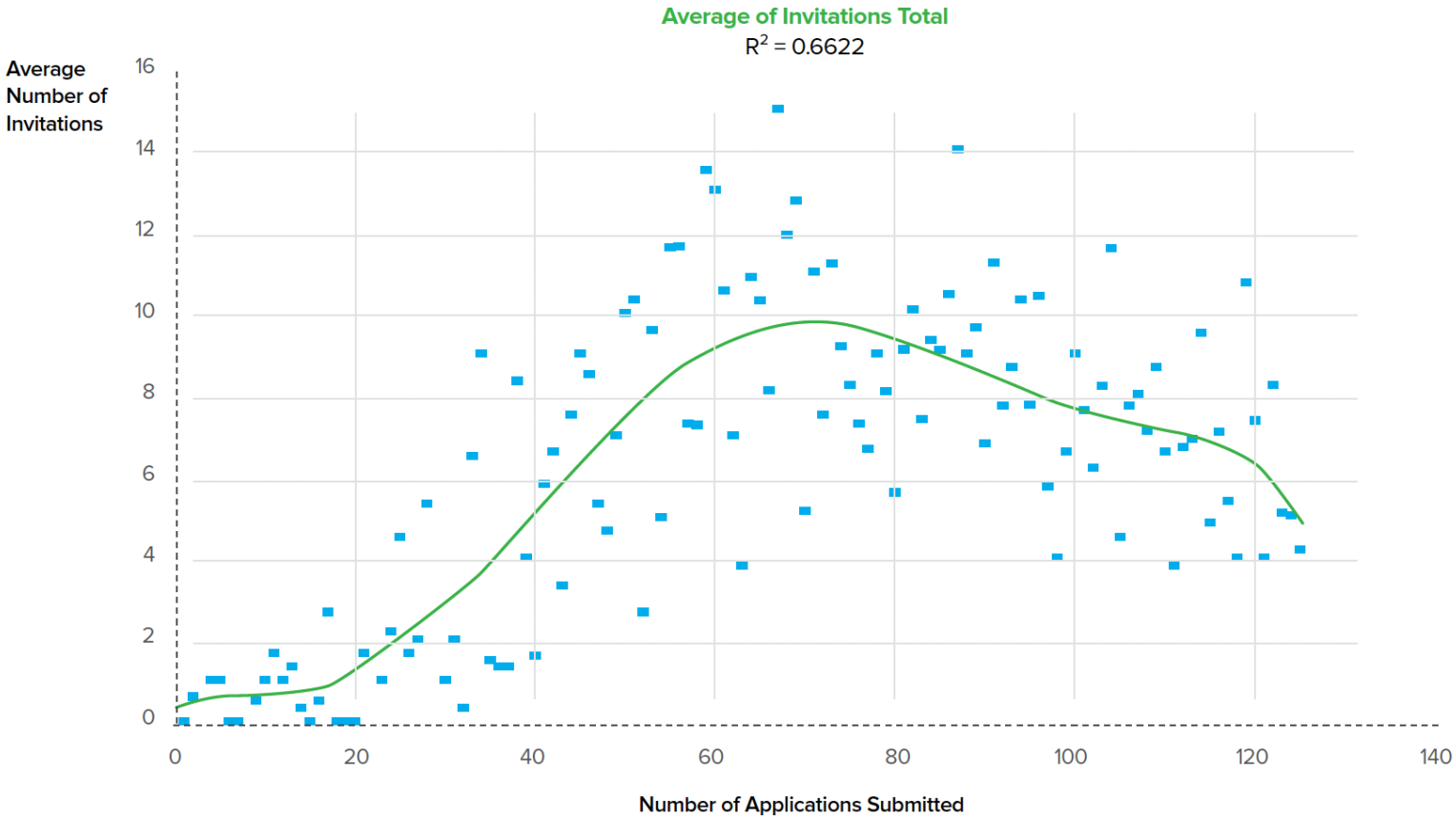
COMLEX 2 CE	Matched	Unmatched
US Seniors	**622** (510-793)	**548** (409-738)
US Grads	**587** (468-664)	**554** (435-669)

Match Result by Rank List Position

2025 Ophthalmology Residency Match	Applicants n = 524
Matched at 1st Choice	42%
Matched at 2nd Choice	17%
Matched at 3rd Choice	14%
Matched at 4th Choice	8%
Matched at 5th Choice	7%
Matched at ≥ 6th Choice	12%



N Number of Interview Invitations vs Applications Submitted



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Signal Data Use vs. Any Interview Invitation from Signaled Program

Number of Signals Applied	Applicant Count	Number of Applicants Invited by at Least 1 Signaled Program
0	12	n/a
1	6	2 (33%)
2	1	1 (100%)
3	3	2 (67%)
4	2	0 (0%)
5	7	2 (29%)
6	6	3 (50%)
7	875	786 (90%)
Total	912	796 (87%)

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Taking a year off (research, etc)

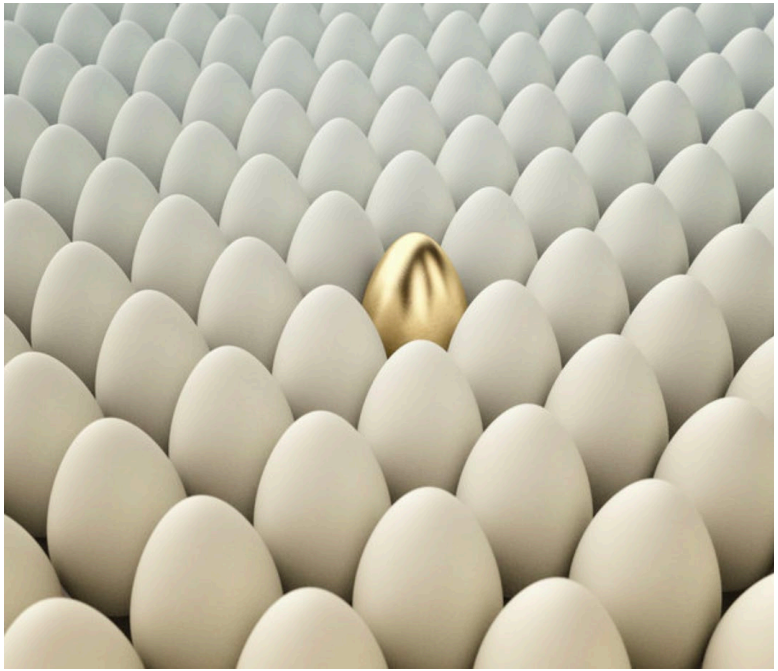
- Find a mentor or program with a track record of success
- Needs to be productive
- Be realistic about the timeline

F Major Publications

MATCHED APPLICANTS n = 524	Peer-Reviewed Articles – Published Mean (Range)	Peer-Reviewed Abstracts – Published Mean (Range)	Peer-Reviewed Online Articles – Published Mean (Range)	Non-Peer-Reviewed Online Articles – Published Mean (Range)
First-author	1.8 (0-15)	0.6 (0-5)	0.2 (0-7)	0.4 (0-15)
Co-author	2.9 (0-25)	1.1 (0-19)	0.1 (0-9)	0.2 (0-7)
Total	**4.7** (0-25)	**1.7** (0-19)	**0.3** (0-9)	**0.6** (0-15)

UNMATCHED APPLICANTS n = 288	Peer-Reviewed Articles – Published Mean (Range)	Peer-Reviewed Abstracts – Published Mean (Range)	Peer-Reviewed Online Articles – Published Mean (Range)	Non-Peer-Reviewed Online Articles – Published Mean (Range)
First-author	1.3 (0-18)	0.5 (0-7)	0.3 (0-10)	0.3 (0-11)
Co-author	2.9 (0-35)	0.9 (0-17)	0.1 (0-5)	0.1 (0-7)
Total	**4.2** (0-35)	**1.4** (0-17)	**0.4** (0-10)	**0.4** (0-11)

How do I compare?



- Factors to consider (not exhaustive):
  - Class rank/grades
  - Research
  - Unique interests/talents
  - Supportive mentors/LoRs
  - Adversity overcome
  - Leadership/service
  - USMLE Step 2 CK

How do I improve my odds?

- Speak to a mentor/advisory dean – not one size fits all
- Demonstrate dedication, passion, etc
- Away rotations
- Signals

What if I don’t measure up?

- What can you change (and what can’t you)?
- Ophthalmology or bust?
  - Research year?
- Happy in other clinical settings?
  - Dual apply?

MSPE

- Noteworthy characteristics
- Review grades/clerkship narratives for accuracy
- Try not to stress about things you can’t change

Where to apply?

- Try and ignore the rankings or hearsay about programs
- Reflect on your learning style and career goals
  - Supervision style, graduated autonomy, sites of practice
  - Research?
  - Fellowship?
- Practical matters (location, location, location)
- Talk to mentors, recent graduates
  - Ideally, current residents

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Thank you

www.aupo.org

Janice Law, MD

Vice Chair for Education

Vanderbilt Eye Institute

Nashville, TN

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Updates from the SF Match Oversight Committee

Janice C. Law, MD
Gloria M. Sternberg Directorship in Ophthalmology
Vice Chair for Education
Director, Medical Student Education
Vanderbilt Eye Institute, Nashville, TN

2026-2027 SF Match Oversight Committee

Pavlina Kemp, MD

Nisha Chadha, MD

Brian Song, MD

Janice Law, MD

Jeff Pettey, MD
Committee Chair

Kimberly Crowder, MD

Daniel Moore, MD

Mike Siatkowski, MD, MBA
Inaugural Committee Chair

James Tsai, MD, MBA
President, AUPO

Paul Sternberg, MD
CEO, AUPO

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Past Members **2025-2026** SF Match Oversight Committee

Steve Feldon, MD, MBA
Former CEO, AUPO

Terry Young, MD, MBA
Past President, AUPO

Fasika Woreta, MD, MPH

2026-2027
Virtual Interviews

Optional In-person
Open House visits
begin 12/28

MATCH DAY January 25th

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Interview Release Process

Match Cycles Prior to 2025-2026

Any time/any place

2 months long

When is the next invite?

2026-27 SF Match Coordinated Interview Release

Interviews release
Tuesday 10/13
Tuesday 10/20

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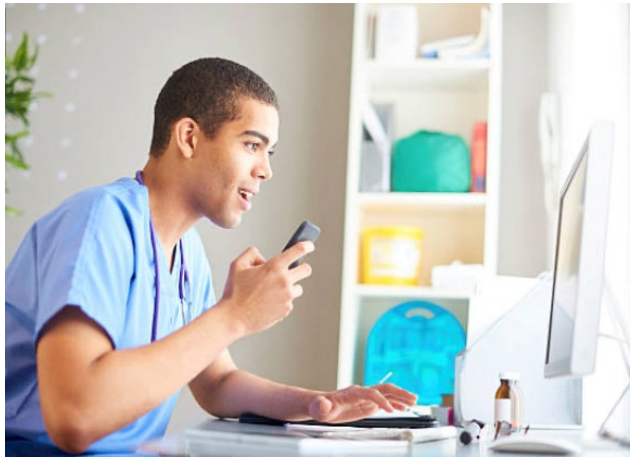
24 Hour waiting period before responding to invites

Interviews released on Tuesday Noon (PT)



Interviews can be accepted online on Wednesday Noon (PT)

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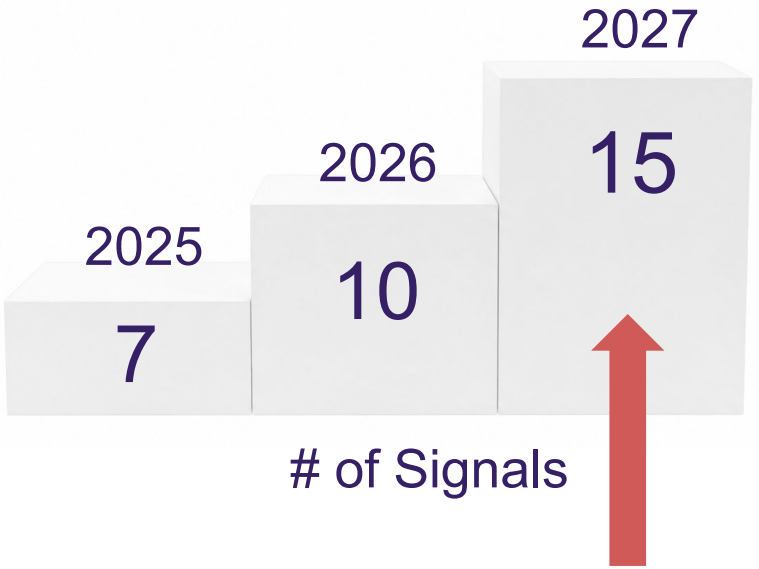

Preference Signaling

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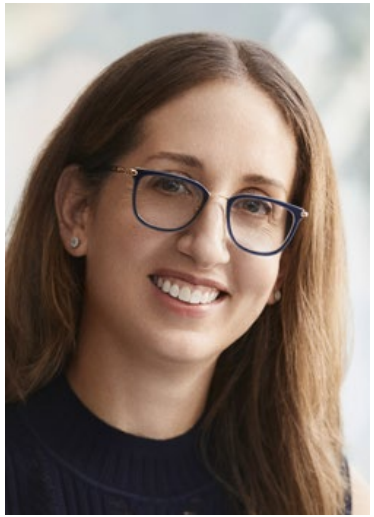
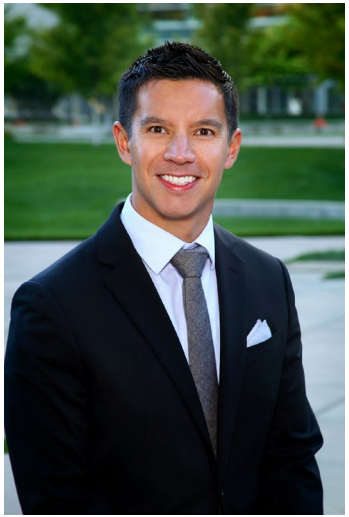
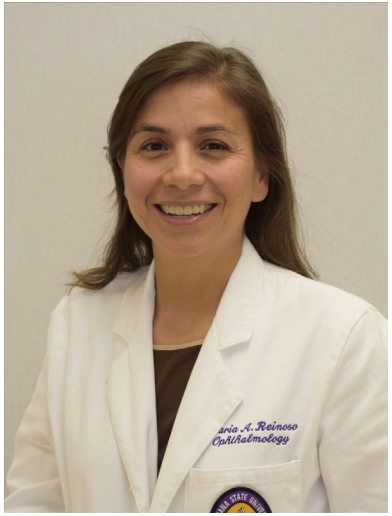
Preference Signaling Task Force



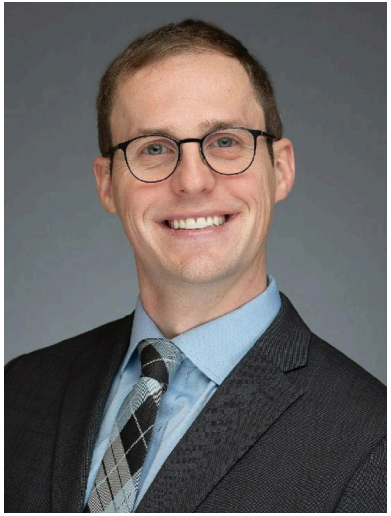
Jamie Rosenberg, MD



Jeff Soohoo, MD



Maria Reinoso, MD



Andrew Melson, MD

Rachel Simpson, MD

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Unmatched notification

January 22

ONLY unmatched applicants will be alerted by email.

SF Match Scheduler Queue

Programs rank order applicants for automated interview invitations on 10/13 and/or 10/20

For any vacancies after 10/20, programs may automate or manually send invitations

A publicized waitlist will not be available

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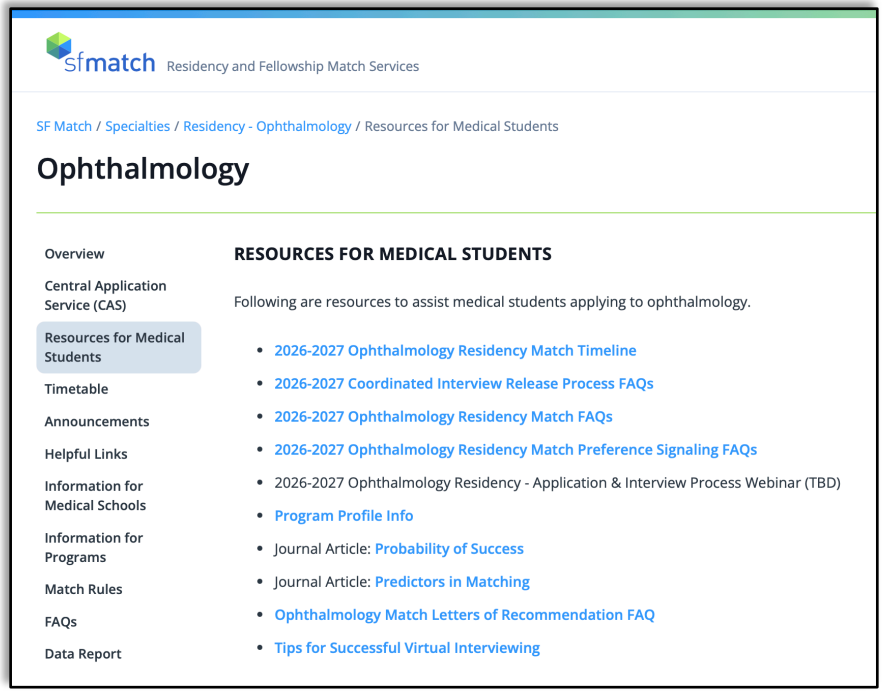

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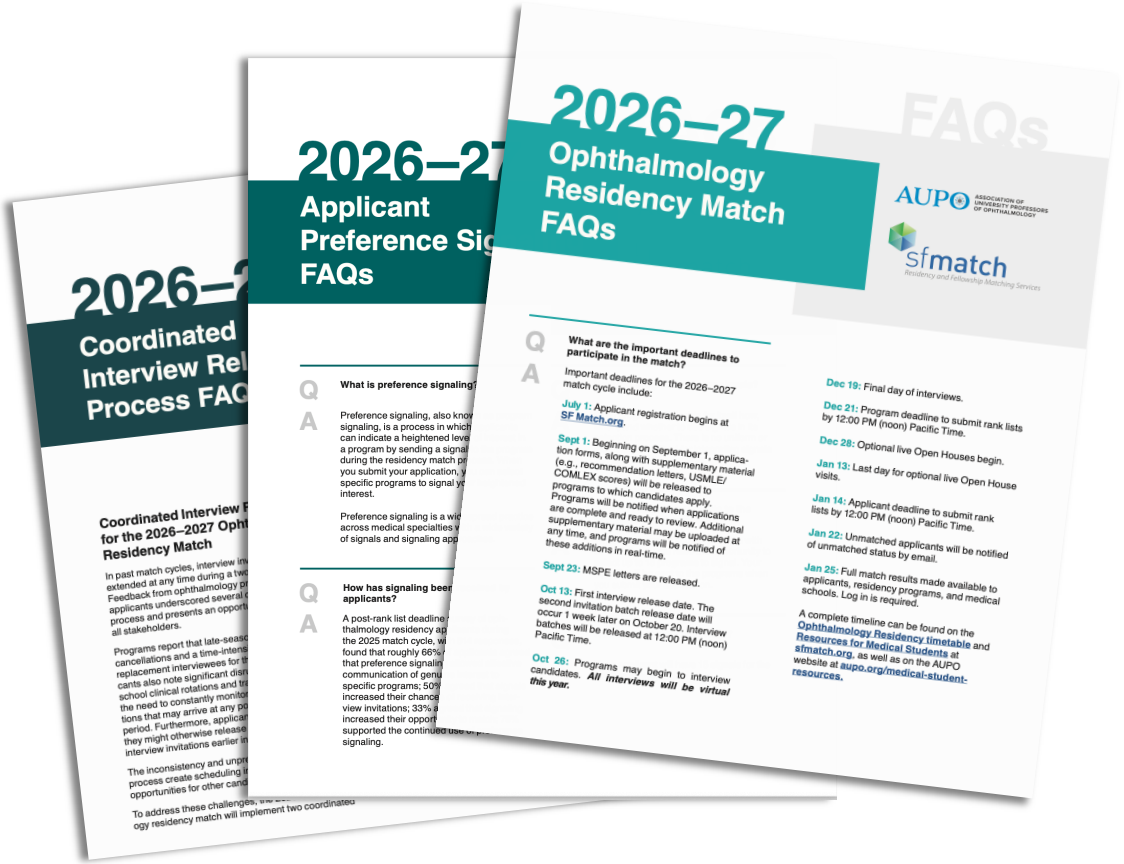

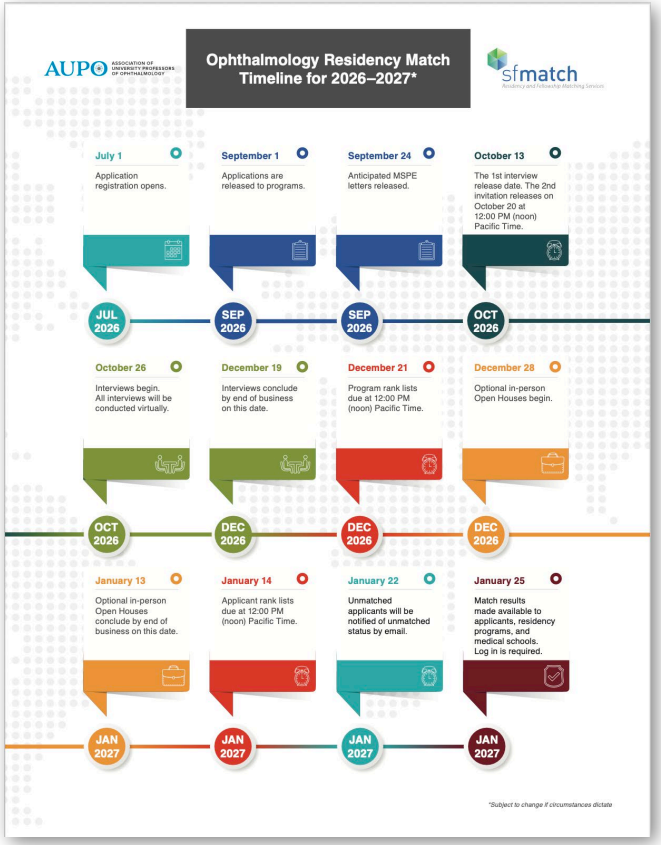

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Thank you!

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Advice for the 2026–27 Ophthalmology Residency Match Season

Presenter Group 1 Question & Answer

Webinar Handout Link in Chat

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Neeti Parikh, MD

Vice Chair of Medical Student Education, Ophthalmology

University of California, San Francisco

San Francisco, CA

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SF Match Application

Neeti Parikh, MD
Director of Medical Student Education
University of California, San Francisco

Your Ophthalmology Residency Application

- More than a CV; it's a reflection of your journey and strengths
- Goal: present a clear, cohesive picture of what you offer a residency program

SF Match Application Components

- **Personal Information form**
- **Required Supplemental form**
- **Personal Statements**
- *College Transcript(s)*
- *Medical School Transcript(s)*
- *USMLE/COMLEX or equivalent transcript(s)/report(s)*
- *Three (3) letters of reference*
- *MSPE*

Part 1: Personal Information Form

- Includes contact details, educational background, training, work history, details of medical examinations, certifications, and licenses, along with list of publications/presentations, honors, awards, and interests
- This form can be updated at anytime during the match cycle
- Programs get updates on applications but may not always see them updates if they have already downloaded the application from SF match

Education & Employment

Education:

- Leave GPA/rank blank if unavailable

Employment:

- Include medically relevant and non-medically relevant employment
- Make sure to include service- related jobs
- Working through school can show time management skills

Publications:
Includes all publications, posters, presentations

- Peer-Reviewed Article Published
- Peer Reviewed Article Not Published= In press, In revision, or Submitted (drop down)
- Oral Presentation/Poster Presentation, Peer-Reviewed Online Articles Non-Peer Reviewed Online Articles, Peer Reviewed Book Chapter. Scientific Monograph, Other Articles

- **Make sure your publications can be found!**

Honors/ Interests: a place to list your honors/awards/achievements, research activities, outside interests and hobbies

- You can format this section. Keep it organized
- Research Activities:
  - Highlight unpublished/in-progress work
- Outside Interests & Hobbies
  - A simple list with short descriptions (if applicable)
  - Show personality and authenticity
  - Include interests you are comfortable discussing during interviews

Part 2: Required Supplemental form

- Career Objectives
- Specialty Electives and Related Activities
- Public Service and Activities
- Once submitted, this form cannot be altered

Career Objectives

- Be authentic: Your application should support your career objectives
- If you know something some specific about your career goals (location, practice type, fellowship)- then say it!!
- This section can show personal insight

Personal Statements

- Narrative/autobiographical sketch: 500-word maximum
- Answer 2 short-answer prompts* (250 words each)

** Last year's short answer prompts:*

- *What does resilience mean to you? Describe a situation in your personal or professional life where you demonstrated resilience.*
- *Describe an important mentor and relate how that person has been helpful to you.*
- *Describe any unique attributes that you will bring to your residency class.*
- *If you were to start an ophthalmology residency program, what would be the three core values you would base it on?*

Writing Tips: Core Strategy

- Focus on what you bring to a residency—not just why ophthalmology
- Demonstrate self reflection and growth
- Use concrete examples

.

Short Answer Questions

- Focus on answering the question/prompt
- Ensure each response reveals who you are

Narrative/Autobiographical sketch: How to start writing

Acknowledge the fear

Accept that the first draft will be imperfect

Review and List

Review activities and leadership roles

Narrative drafting

Write short reflections for each experience

Pattern recognition

Step back and identify recurring themes

Synthesis

Use those themes to build your narrative

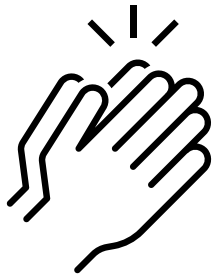
Final checklist

What would a reader learn about you and is this what you want them to know?

Final Application Advice

- Your entire application should support a coherent narrative
- Readers review many applications—Be clear, concise and organized
- Your overall application should answer: “Why should we train you?”

You’ve worked hard to get where you are- this is your chance to share your story!



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Arthi Venkat, MD

Residency Program Director

University of Virginia

Charlottesville, VA

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Letters of Recommendation

Arthi Venkat, MD, MS
University of Virginia
Ophthalmology Residency Program Director

Why to ask?

What should your letters say?

PDs are looking for:

- Grit/tenacity
- Dedication
- Empathy
- Commitment to the field

Letters talk about:

- “First to arrive, last to leave”
- “Talked with a patient who was depressed about vision loss”
- “Comes to our conferences, shows interest”

Who to ask?

Choosing a letter writer

- You DON’T need:
  - Someone “famous”
  - All ophthalmology letters
- You DO need:
  - Someone who can speak to your clinical skills
  - A witness of your dedication
  - Someone who has seen you interact with patients

How (and when) to ask?

Do's and Don'ts

- Don't:
  - Ask when they are clearly busy/occupied
  - Ask someone with whom you've spent under 2 weeks
  - Ask only research mentors
- Do
  - Set aside time to discuss/formally ask
  - Ask clinical faculty +/- research mentors
  - Give adequate lead time (at least 1 month prior to when you hope to submit your app, but more if possible).

Final Tips

- Ask early
- Align letter writers with goals (clinically heavy vs research heavy programs)
- Provide letter writers with highlights


YOU GOT THIS!

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Jennifer Lindsey, MD, MBA

Residency Program Director and
Vice Chair for Education

Mass Eye and Ear/Harvard
Ophthalmology

Boston, MA

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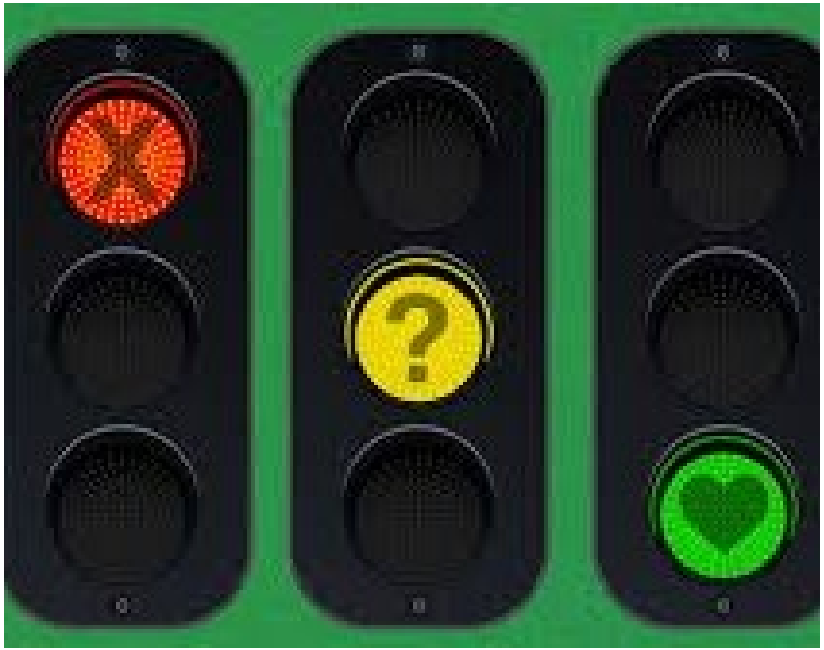
Preference Signaling

Medical Student Advising Webinar 2026

Jennifer Lindsey, MD, MBA
Past-President, AUPO Program Directors Council
Residency Director, Harvard/Mass Eye and Ear

No financial disclosures

What is preference signaling?

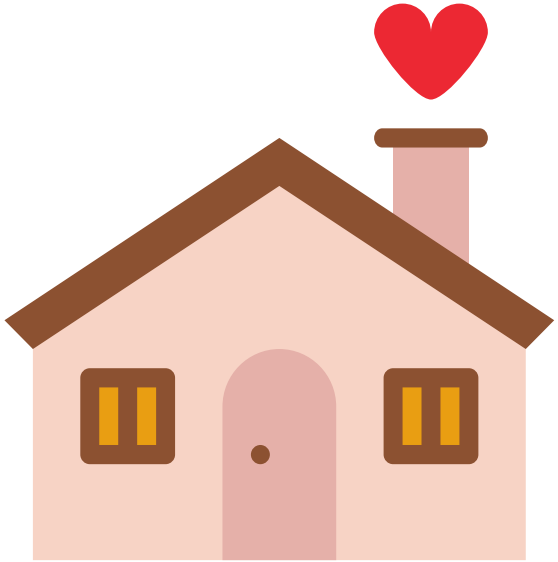


- Applicants can send signals to express particular interest in programs
- Piloted by ENT in 2021
- Has expanded to many other specialties
- Applicants have found it a positive addition to the match process
- Last year was our second year of preference signaling

How does it work?

- Ophthalmology applicants will have **15 signals** to use
- All signals carry equal weight
- When you send in your application to a particular program, you will also have the option to signal that program
- We recommend using all

What about programs where I rotated?



- Signal your home program and anywhere you did away rotations if you are interested in matching there
- Programs instructed to tell students this as well
- To be fair to those who do not have home programs

What about on the program side?

Programs will decide how they use signals – some possibilities:

- To determine interview invitations
- To develop their rank list
- Not at all

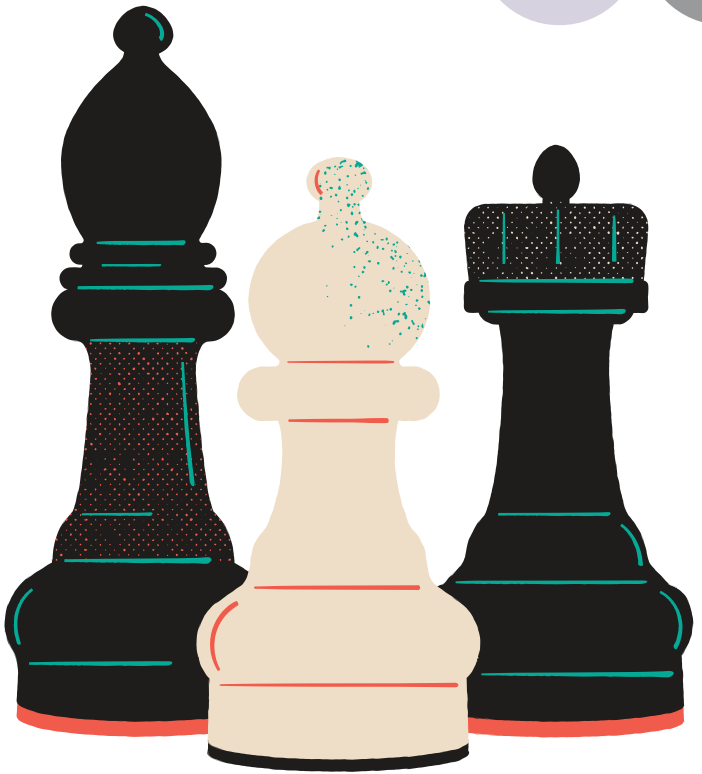
How should I choose where to send signals?

This will vary for each candidate. Some possible factors:

- Geography
- Partner requirements
- Information about programs
  - See SF match site and individual program websites
- Strength of your clerkship grades / scores / etc.

General Advice

- Use your signals strategically
- Speak to your advisors about programs that they see as a good fit for you



Data from 2025

- 99% of applicants used signals, almost all using all 7 signals
- Of those who used all 7 signals, 90% were invited to interview by at least one signaled program
- 65% of matched applicants matched at a signaled program

Preference Signaling FAQs

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Thank you !

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Advice for the 2026–27 Ophthalmology Residency Match Season

Presenter Group 2 Question & Answer

Webinar Handout Link in Chat

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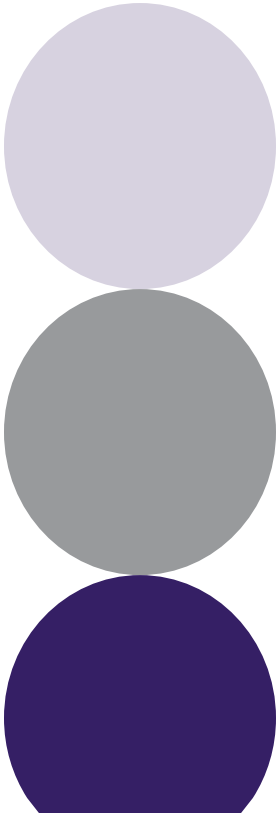
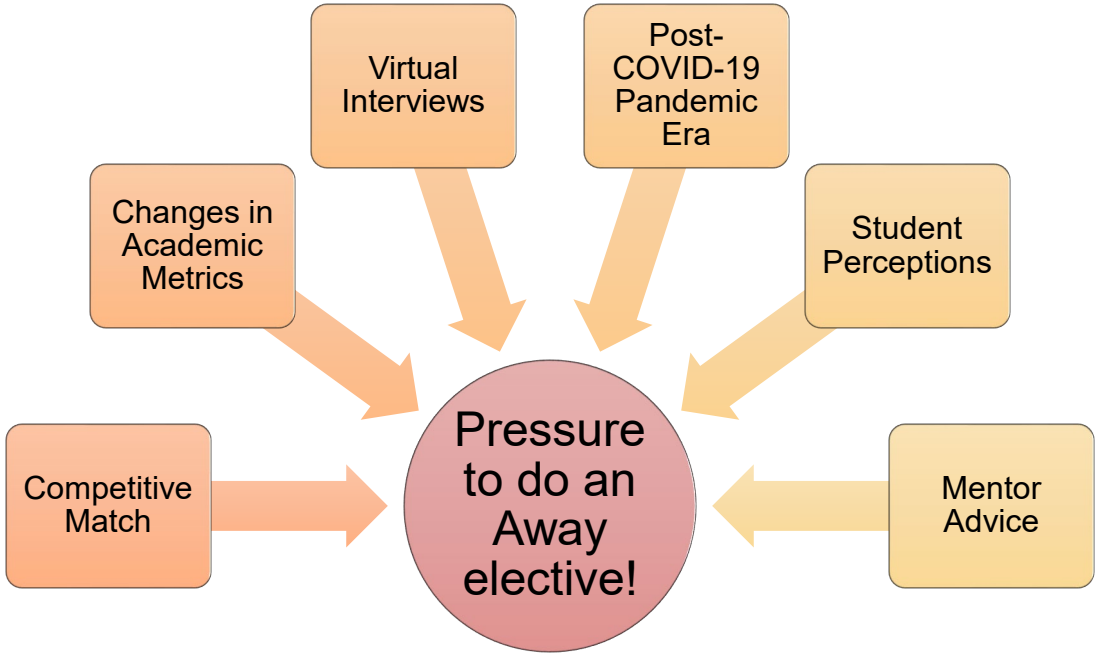
Away Rotations: Answering the "Why," "How," and Secret for Success

Zachary Elkin, MD MPH

Associate Professor, Pediatric Ophthalmology
Director, Medical Student Education
Director, Pediatric Ophthalmology Fellowship
Director of Medical Student Advising
NYU Grossman School of Medicine



Changing Match Landscape



Why Do an Away Elective?

Student Perspective

Students Who Did an Away

- Audition for a specific program
  - Improve chances of matching
- Learn about that program

Students Who Did Not

- Time and cost >> help with match
- Applied but were not accepted

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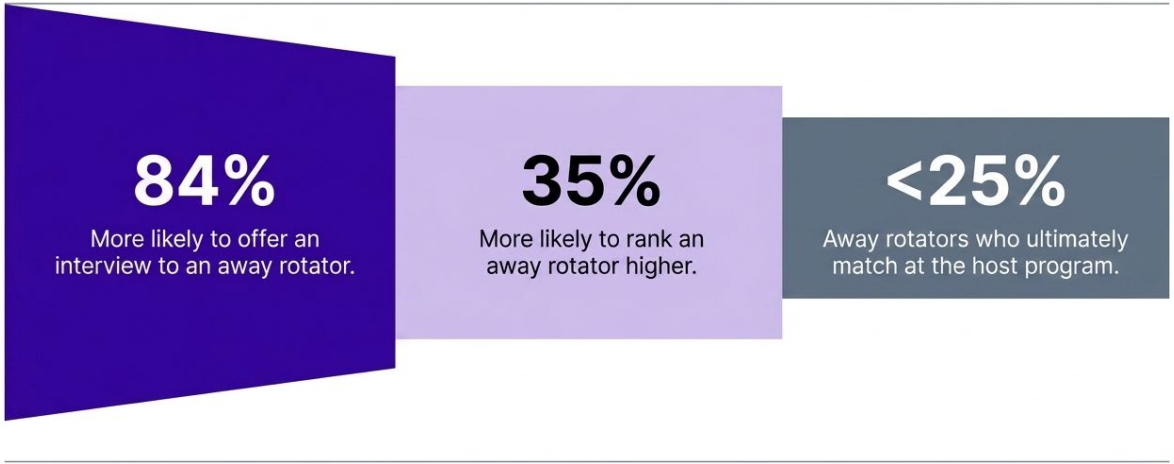
Patel, S and Kelly L (2020) "Visiting Student Away Rotations in Ophthalmology: A Study of Medical Students' Experiences and Perspectives," *Journal of Academic Ophthalmology*: Vol. 12: Iss. 1

Does an Away elective help?

Program Director Perspective



****Unclear how this is changing with preference signals!****

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Tso, H et al. (2021) "The Impact of Away Rotations on the Ophthalmology Residency Match," *Journal of Academic Ophthalmology*: Vol. 13: Iss. 1

Does an Away elective help?

Match Outcomes

Among 807 Applicants from 2018-2020 and 2022-2024 using TexasSTAR Data...

	The Specific Program (The Bullseye)	The Surrounding Region (The Halo)
Interview Multiplier	Massive (OR 19.4)	Negligible (OR 1.2 in South/West only)
Match Multiplier	Massive (OR 16.7)	None (Not statistically significant)

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Shapiro, J et al. (2026) "Away Rotation Participation and Ophthalmology Match Outcomes," *Journal of Academic Ophthalmology*: Vol. 18: Iss. 1

So, should you do an away elective?

Please talk to your advisors!

Learn more ophthalmology

Get to know a specific program

- Increase odds of receiving an interview at the program
- Increase odds of matching at the program
- Geographic boost
- Get a letter of recommendation
- Save a preference signal (Likely not!)
- Save money (Kidding, they are expensive!)

This is likely different for DO, IMG, and students without a home ophthalmology program!

Well, you decided to do and away elective.

Question: Where should you apply?

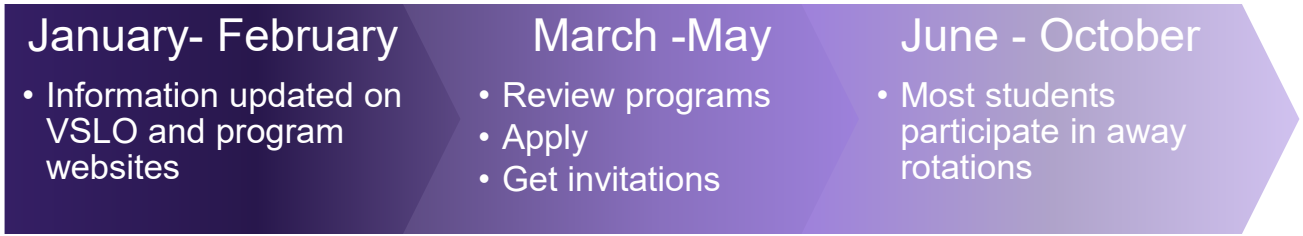
Answer: Ask yourself, “Where do you want to match?”

Practical things to consider:

- Number of rotations
- Number of applications to submit per intended rotation
  - Depends on dates of rotations and number of spots
- Focus and details of the rotation
- Expected cost and financial support
- Logistics (housing, transportation)

How to Navigate the Applications

- AAMC Visiting Student Learning Opportunities (VSLO) vs. Program Websites
- There is no standardization:
  - Application and Rotation Dates
  - Application Requirements
  - Notification Timing and Process



The secret to rocking your away elective…

Sorry, there is none ☹

Away Elective Tips

And if you don’t get accepted for an away

- Remember IT IS NOT THE MATCH!
  - Most students do not match at an away program
- Do great job on your home rotation, get strong letters of recommendation, write a strong application and interview well
- Good luck!

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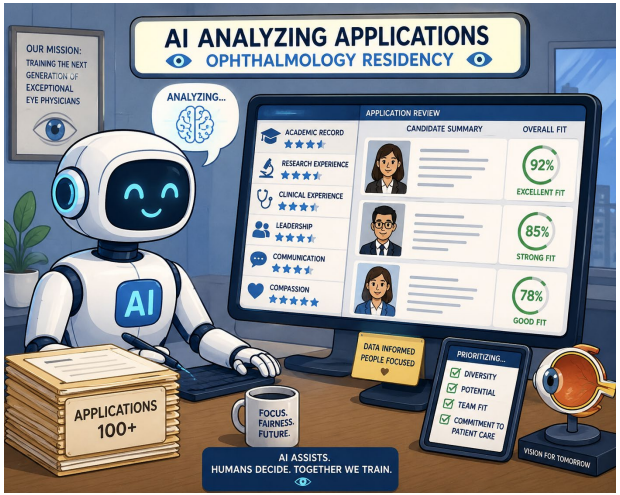
Applying in the Era of AI: Applicant and Program Considerations

Nisha Chadha, MD
Associate Professor of Ophthalmology and Medical Education
Director, Medical Student Education in Ophthalmology
Director, APEX Program, Office of Curricular Affairs
The Icahn School of Medicine at Mount Sinai
The New York Eye and Ear Infirmary of Mount

Disclosures

- none

Overview



- AI use by Programs in Application Review
- AI Use by Residency Applicants
- Legal and Ethical Considerations
- Applicant and Program Considerations
- Organizational Policies

AI Use by Programs

REVIEW

The Use of Artificial Intelligence in Residency Application Evaluation—A Scoping Review

Maxwell D. Sumner, BS
T. Clark Howell, MD, MSHS
Alexandria L. Soto, BS
Samantha Kaplan, PhD
Elisabeth T. Tracy, MD
Aimee K. Zaas, MD
John Migaly, MD
Allan D. Kirk, MD, PhD
Kevin Shah, MD

ABSTRACT

"The articles that did report on model performance, had only moderate average precision"

Methods A scoping review was performed according to PRISMA-ScR (Preferred Reporting Items for Systematic Reviews and Meta-Analyses extension for Scoping Reviews) guidelines where a systematic search strategy identified relevant literature within the databases MEDLINE, Embase, and Scopus from inception to September 29, 2023. No limitations on language, article type, or geographic affiliation were placed on the search parameters. Data were extracted from relevant documents, and study findings were synthesized by the authors.

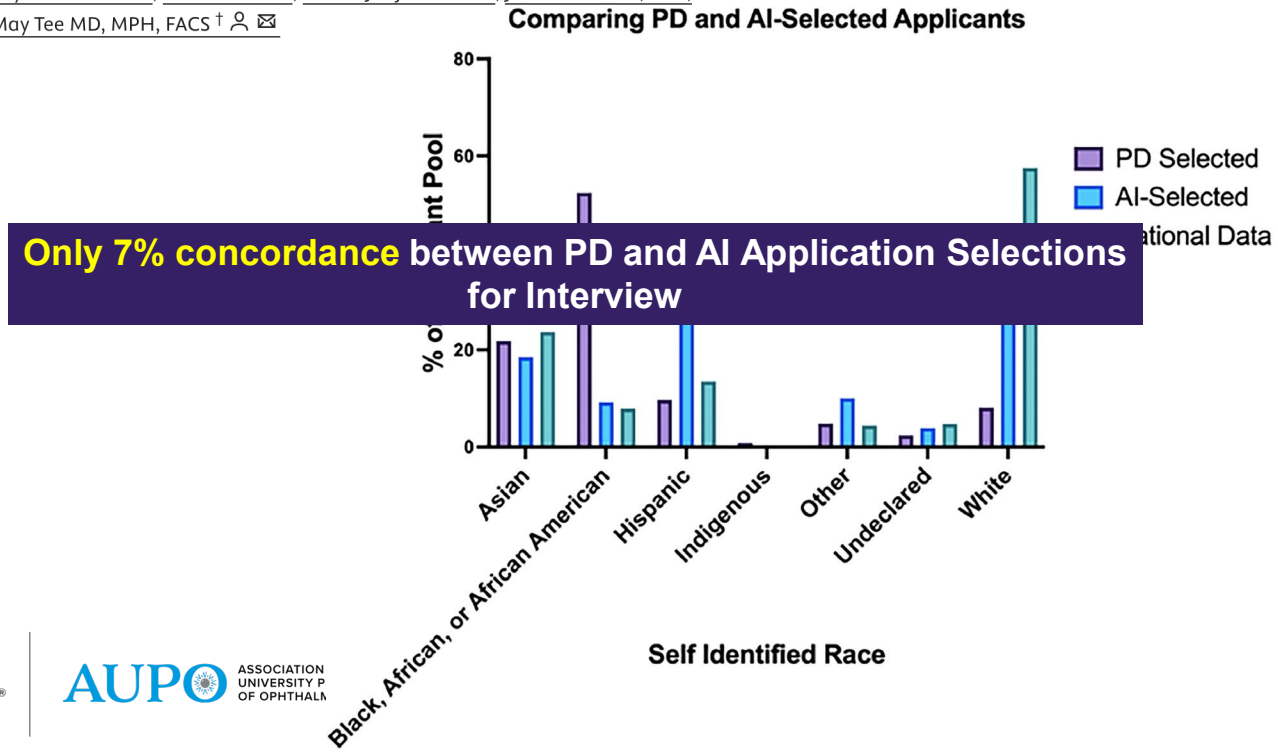
Results Twelve studies met inclusion criteria. Most used AI to predict interviews or rank lists (9 of 12, 75%), while the remaining 3 articles (25%) evaluated letters of recommendation with natural language processing. Six articles (50%) compared the model's output to a human-created rank list. Most of the reviewed articles (9 of 12, 75%) mention bias; however, few explicitly modeled biases by accounting for or examining the effect of demographic factors (3 of 12, 25%).

Conclusions Few studies have been published on incorporating AI into residency/fellowship selection, and bias remains largely unexplored. There is a need for standardization in bias and fairness reporting within this area of research.

ORIGINAL REPORTS

Artificial Intelligence Compared to Manual Selection of Prospective Surgical Residents

Monalisa Hassan MD †§, Marco Ayad MD †, Christine Nembhard MD †, Andrea Hayes-Dixon MD †, Anna Lin MD †, Mahin Janjua MBBS †, Jan Franko MD, PhD, MMM ‡, May Tee MD, MPH, FACS †



Only 7% concordance between PD and AI Application Selections for Interview

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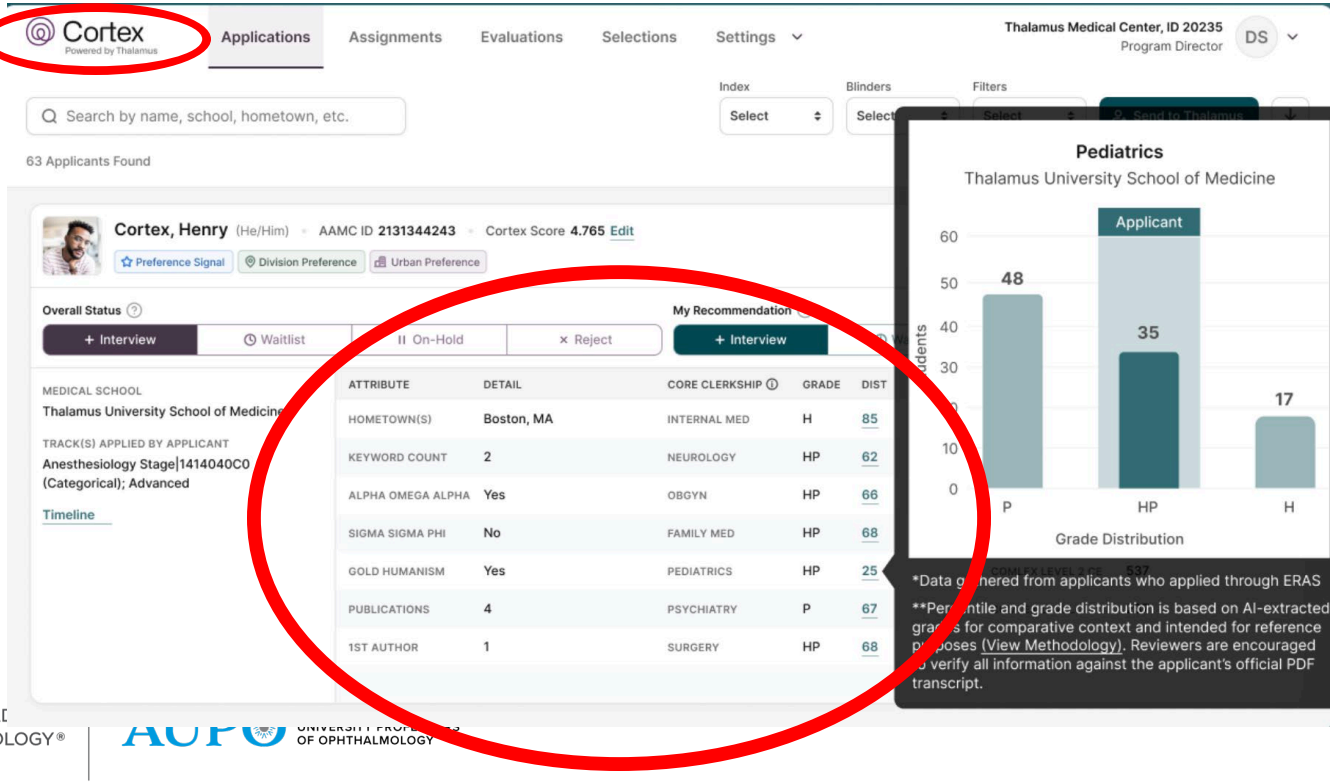
Thalamus



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Transcript Processing Errors

Thalamus | Products | Solutions for | Training | Resources | Company | Log In | Book a Demo

What Happened

Because medical schools use more than 40 different grading scales and vastly different grade distributions, Cortex uses optical character recognition (OCR) and automated document processing to read and standardize grades from official medical school transcripts. This feature has been a key feature of Cortex since 2020, and accuracy this season, remains consistent with prior years. **Overall, Cortex is now >99.3% accurate**.

Importantly:

Considering ERAS reports 50,000 applications/year, an 0.7% error rate could impact ~350 applications

- When inaccuracies were reported or identified through either internal verification or via user outreach, they were immediately corrected.

To date, Thalamus has received just **10 reported inaccuracies out of over 4,000 customer inquiries this season**. In every case, the reviewing faculty correctly identified the accurate grade when reviewing the official transcript and MSPE.

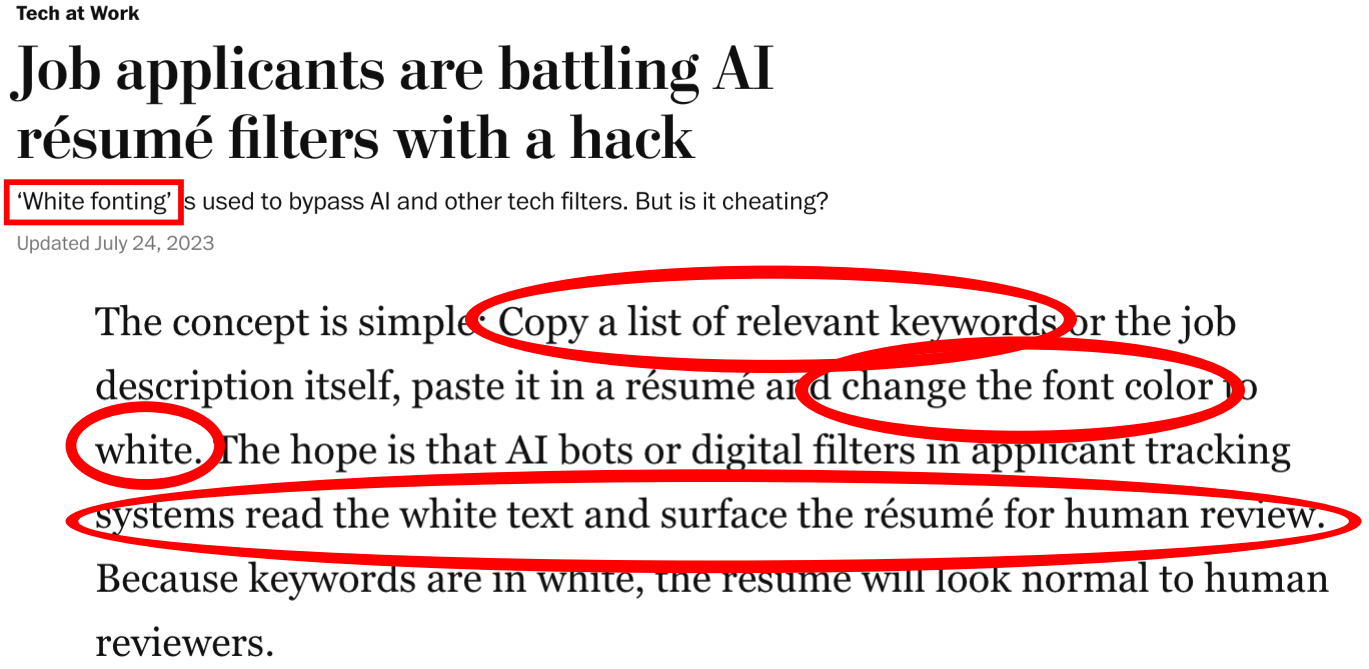
Additionally, because the tool being was offered complimentary to the community through the AAMC-Thalamus collaboration for the first time this year, many programs did not participate in the full onboarding process that has historically accompanied the purchase of Cortex. This meant that some programs were less familiar with the tool and, for example, thought the percentiles were supposed to match the MSPE (they were not designed to, as per the methodology).

As issues were raised by users, they were rapidly investigated and addressed. Unfortunately, a few well-intentioned communications from community members were shared by users in public forums without the full understanding of the impact or the underlying situation.

- https://www.thalamusgme.com/blogs/a-community-update-on-cortex-transcript-normalization-accuracy-transparency-and-our-continued-commitment-to-applicants
- https://www.aamc.org/data-reports/publication/eras-statistics

AI Use by Applicants

AI and Applicants: “White Fonting”



Tech at Work

Job applicants are battling AI résumé filters with a hack

‘White fonting’ is used to bypass AI and other tech filters. But is it cheating?

Updated July 24, 2023

The concept is simple: Copy a list of relevant keywords or the job description itself, paste it in a résumé and change the font color to white. The hope is that AI bots or digital filters in applicant tracking systems read the white text and surface the résumé for human review. Because keywords are in white, the resume will look normal to human reviewers.

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https://www.washingtonpost.com/technology/2023/07/24/white-font-resume-tip-keywords/

AI and Applicants: Ambient AI

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https://www.washingtonpost.com/technology/2023/07/24/white-font-resume-tip-keywords/

Legal and Ethical Considerations

Legal Considerations

VIEWPOINT

AI IN MEDICINE

AI in Residency Application Reviews
Emerging Legal Risks

Preetham Bachina, MSE; Diane E. Hoffmann, JD, MSc; Katherine E. Goodman, JD, PhD

"At least one court has ruled that medical residency selection is an employment practice potentially triggering protection under…statues prohibiting…discrimination in employment

The residency application process is the primary pathway for medical graduates to enter US graduate medical education (GME), yet it

program directors.[5] Moreover, transcript processing errors have surfaced during this application cycle, with Thalamus recently disclos-

resents one of the most widespread uses of AI in US hiring or admissions to date, raising novel legal and important fairness concerns.

AI in Medical Residency Application Reviews

Each fall, fourth-year medical students and international medical graduates apply to GME programs for residency positions. Most clinical specialties use the Association of American Medical Colleges (AAMC) Electronic Residency Application Service (ERAS), a centralized platform for application submission and review. Programs review applications and interview selected candidates through the winter; in spring, a centralized matching system pairs applicants and programs via ranked preference lists.

In recent years, several GME programs have evaluated in-house AI tools for screening residency applications.[1] However, it took the AAMC's recent partnership with the company Thalamus for AI review tools to become widely available, by directly integrating them

portionately disadvantage a group based on a legally protected trait (race, color, national origin, sex, age, or disability), even though such policies do not explicitly consider the protected trait and there may have been no intent to discriminate. Whether residency applicants qualify as students or prospective employees (or both) before residency begins is an open legal question. However, at least one court (the 9th Circuit, in *Spatz v Regents of the University of California* [2025]) has ruled that medical residency selection is an employment practice, potentially triggering protection under multiple federal and state statutes prohibiting disparate impact discrimination in employment (eg, Title VII and the Age Discrimination in Employment Act). Lawsuits in other employment contexts are challenging AI-assisted applicant screening on disparate impact grounds, most notably *Mobley v Workday Inc*, a class-action lawsuit alleging that Workday's AI-powered screening tools disproportionately reject older and disabled applicants and those of certain races.

Legal Considerations

VIEWPOINT

AI IN MEDICINE

AI in Residency Application Reviews
Emerging Legal Risks

Preetham Bachina, MSE; Diane E. Hoffmann, JD, MSc; Katherine E. Goodman, JD, PhD

The residency application process is the primary pathway for medi-

program directors.[5] Moreover, transcript processing errors have sur-

"Transcript processing errors have surfaced…creat[ing] novel legal risks"

outsource the initial review of certain application materials to proprietary AI software. This rapid uptake of AI by GME programs represents one of the most widespread uses of AI in US hiring or admissions to date, raising novel legal and important fairness concerns.

disparate impact discrimination in violation of antidiscrimination laws. Disparate impact discrimination occurs when policies disproportionately disadvantage a group based on a legally protected trait (race, color, national origin, sex, age, or disability), even though such

"AI-generated outputs should be viewable by applicants. Who have the most to lose from AI errors and biases"

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Legal Considerations

VIEWPOINT

AI IN MEDICINE

AI in Residency Application Reviews
Emerging Legal Risks

Preetham Bachina, MSE; Diane E. Hoffmann, JD, MSc; Katherine E. Goodman, JD, PhD

"AI-based video evaluations are already used"

Discrimination complaint → "AI allegedly labeled a deaf candidate as a poor communicator"

The residency application process is the primary pathway for medi- program directors.[5] Moreover, transcript processing errors have sur-

line reviews. With recent commercial partnerships, this explora- mance of AI tools, create novel legal risks for GME programs.

tion has quickly shifted into real-world adoption: many programs now A primary legal risk for GME programs using current AI tools is outsource the initial review of certain application materials to pro- disparate impact discrimination in violation of antidiscrimination laws. Disparate impact discrimination occurs when policies dispro-

Each fall, fourth-year medical students and international medical graduates apply to GME programs for residency positions. Most clinical specialties use the Association of American Medical Colleges (AAMC) Electronic Residency Application Service (ERAS), a centralized platform for application submission and review. Programs review applications and interview selected candidates through the winter; in spring, a centralized matching system pairs applicants and programs via ranked preference lists.

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Ethical Considerations

Ethical implications of artificial intelligence in residency applicant screening

***Dear Dr Dermatoethicist*: The Association of American Medical Colleges is integrating artificial intelligence (AI) with Thalamus Cortex into residency applicant screening across all specialties for the 2025-2026 cycle.[1] What are the ethical implications of AI being used to screen dermatology applicants?**
—Concerned Resident

Dear Concerned Resident: While AI may enhance application review efficiency and standardization, its role may mirror inefficiencies identified when applied to health insurance, where AI-generated denials have necessitated AI-assisted

AI has potential for beneficence → highlighting overlooked applicant strengths, could be trained to promote diversity

the addition of supplemental applications and preference signaling add disproportionate financial and emotional burdens on applicants and faculty.[3] Candidates invest considerable resources preparing applications and may already use AI services for clarity

Must be cautious not to perpetuate biases (ie if AI trained on prior application selection data)

and holistic elements. Implicit biases, institutional hubris, and subjective preferences plague applicant selection. In principle, AI has the potential to streamline the admission process by summarizing applicants and applying a framework to promote fairness (justice). AI assistance may highlight unique qualities of applicants that might otherwise be overlooked due to time constraints, such as long-term community involvement or interdisciplinary experiences (beneficence). Accordingly, algorithms could be tailored to promote diversity, equity, and inclusion, or not, through modification of evaluation criteria (beneficence).[5]

However, AI's capacity to meaningfully differentiate candidates remains limited and Cortex, the primary AI-driven service in Thalamus, is no exception. Cortex is marketed as a tool to upload applications in bulk, using natural language processing and optical character recognition to help extract data and generate summaries. However, if these summaries fail to capture key traits and characteristics, human reviewers will still need to analyze applications and refine ranking decisions, diminishing potential time-saving benefits. Moreover, efforts to make these algorithms more "equitable" may paradoxically introduce new biases or reinforce prior ones. While Cortex might be designed to highlight unique qualities, it is likely trained on previous applicant data. Thus, attempts to identify candidates with diverse backgrounds or unique stories may default to historical evaluation patterns,[4] reinforcing the creation of idealized applicant profiles.

Beyond operational concerns, a reassessment of what residency selection entails is needed. Programs use more than quantitative measures; qualities like dedication, leadership, and interpersonal skills are

While AI may reduce faculty workload, its true impact must be assessed. Its implementation must be scrutinized and quantified. As application numbers increase, a more effective approach is to streamline applications and highlight the most meaningful criteria to reduce the burden on all parties.

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Key words: AI; algorithmic screenings; artificial intelligence; bias; ethics; holistic applicant review; residency applications; selection criteria; standardization.

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Program Considerations

TRANSPARENCY REGARDING AI USE

PROGRAM OVERSIGHT

APPLICANT VERIFICATION OF OUTPUT

Applicant Considerations

Transparency →

not all “AI” use is equal

AI for:
- editing vs.
- essay generation vs.
- interview assistance, etc.

Importance of representing oneself authentically and with integrity

AI Policies

Principles for Responsible AI in Medical School and Residency Selection

AAMC

As institutions consider what is best for their process, the AAMC recommends six key principles to guide the design and use of AI-based selection systems:

1. Balance Prediction and Understanding. Ensure that AI tools deliver insights that improve prediction and efficiency while being comprehensible and usable by the institution, aligning with its objectives and needs.
2. Protect against Algorithmic Bias. Rigorously assess and manage biases arising from historical data to ensure fair AI processes and outcomes.
3. Provide Notice and Explanation. Maintain transparency by informing applicants how AI is used and how it affects the assessment of their application.
4. Protect Data Privacy. Safeguard information with the utmost care, maintaining confidentiality at every step.
5. Incorporate Human Judgment. It is crucial to strike the appropriate balance between technology and the irreplaceable value of human judgment and ethical standards.
6. Monitor and Evaluate. Assess the outputs and outcomes of the AI system to ensure they remain fair, accurate, and aligned with institutional goals.

SF Match

Confirmation for Disclosure Regarding AI Use in the Writing Process

I confirm that I did not utilize generative AI or AI-assisted technologies in preparing my application.

Note: There is no requirement that the use of basic tools used for grammar, spelling, references, etc. need to be disclosed. No AI statement at the end of my personal statement is required.

Thank you!

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Non-traditional Pathways

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Non-traditional Pathways

- Reapplicants
- Students from osteopathic medical schools (DO)
- Students from allopathic medical schools with no home program
- International Medical Graduates (IMG)

General advice

Identify academic mentors who are invested in your success and who can help advocate for you

Ophthalmology is a small world where connections matter

- Ophthalmology regional and national conferences
- Away rotations and observerships
- Research projects
- Mentorship programs

Have a back-up plan

- Dual application
- SOAP
- Reapplication (research year or internship)

Advice for Reapplicants

- Overall match rate 51%
- Examine where weaknesses were with first time application
  1. Few interviews? → Improve paper application
  2. Many interviews? → Improve interview skills
- Strategy: focus on factors that you can change and improve
  - Research productivity/publications
  - Personal statement
  - Letters of recommendation

Advice for Reapplicants

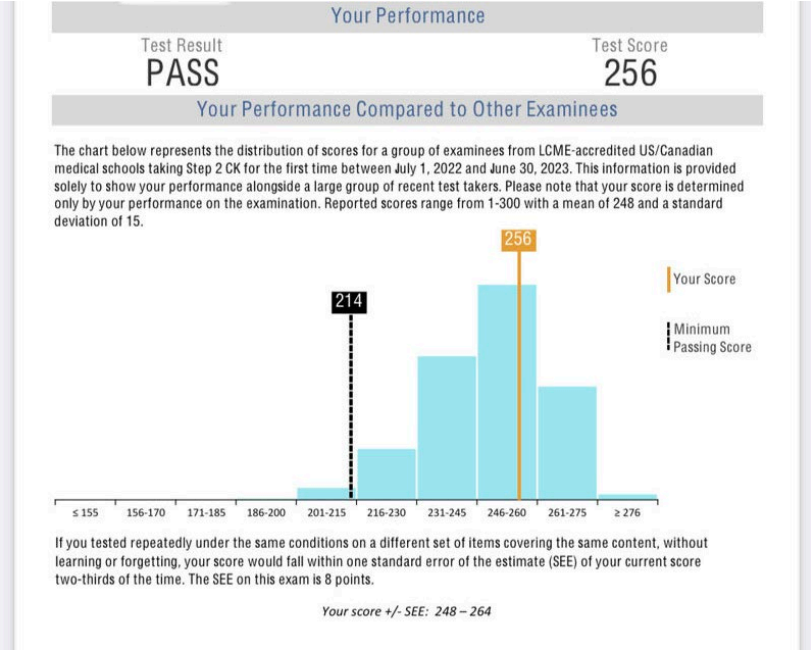
- Factors for successful match:
  - Presence of home program
  - USMLE Step 1 and 2 performance
  - Letter of recommendation from academic ophthalmologists
  - AOA status
  - Choosing research year

- Factors that were not significant:
  - Number of publications
  - Advanced degrees

Ohri et al, AUPO 2025

MD Applicants with No Home Program

- 2025 cycle:
  - 57% (60/106) match rate
- Factors associated with successful match:
  - Step 2 score: mean of matched 256 vs unmatched 246
  - Clinical grades (top quartile of class)
  - AOA

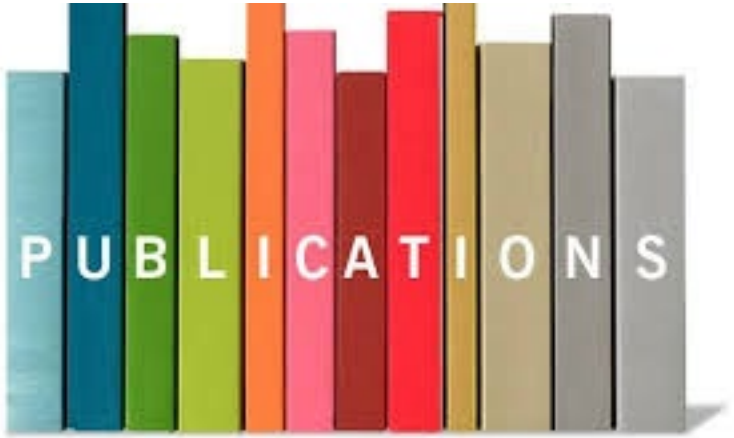


DO Applicants

- 2025 cycle:
  - DO seniors 20/77 26% matched
  - DO grads 4/20 20% matched (registered for match)
- Factors associated with successful match:
  - Step 2: mean of matched 256 vs unmatched 246
  - COMLEX score mean 639 vs 563
  - Clinical grades: top quartile of class
  - Number of away rotations: 5 vs 3

IMG Applicants

- 2025 cycle:
  - IMG seniors 0/8 (0%) matched
  - IMG grads 11/114 (10%) matched (registered for match)
- Factors associated with successful match
  - Step 2 score: 256 vs 243
  - Number of publications: 19 vs 10

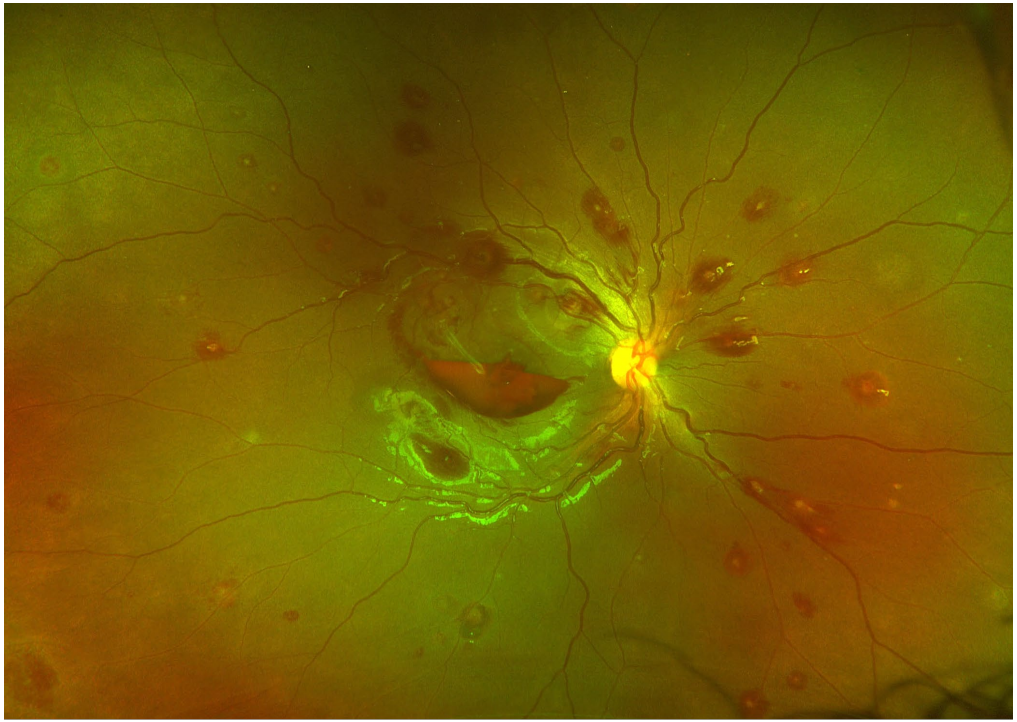


Advice for Non-traditional Applicants

- Build a strong application
- Strong step scores and clinical grades are important
- Away rotations valuable for building connections, obtaining LORs
  - A strong performance can help match at that institution
- Many medical schools may be primary care focused, so seek out mentorship from ophthalmologists
- Consider a research rotation or year if no local opportunities to engage in scholarly activities. AUPO has repository of pre-residency opportunities.

Good luck!

@alicezhangmd



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Advice for the 2026–27 Ophthalmology Residency Match Season

Presenter Group 3 Question & Answer

Webinar Handout Link in Chat

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Advice for the 2026–27 Ophthalmology Residency Match Season

Q & A

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Thank you for attending!

Webinar Handout & Recording Will Be Posted

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