A Proposal to Reduce Misrepresentation of Medical Student Research Activities in ERAS

To the Editor: In our recent article, we presented data on the high rate of inaccurate reporting of manuscript publications by residency applicants and argued that the configuration of related categories on the Electronic Residency Application Service (ERAS) contributes to the pervasive and often unintentional misrepresentation. The presentation of research experience in ERAS is confusing for applicants and inefficient for residency selection committees. Improvements by ERAS to the way information is entered and viewed may help reduce deliberate and unintended misrepresentation and offer a more efficient and accurate review for residency selection committees. In this letter, we present our suggestions.

For residency selection committees interested in applicants’ research efforts, the ideal system would clearly differentiate published from nonpublished manuscripts and peer-reviewed from non-peer-reviewed work, and also provide separate listings for manuscripts, posters, and oral presentations. The current system combines these into a single list, which invites duplication and misrepresentation. This could be improved by displaying separate subcategories or by implementing search and sort tools.

Published manuscripts should be directly imported from PubMed to ensure information integrity, and listed separately from prepublication manuscripts. As discussed in our recent article, prepublished manuscripts are problematic due to poorly defined and ambiguous labels. Medical students cannot be expected to distinguish between “in press,” “accepted,” and “provisionally accepted” categories, when even experienced academics cannot. A simpler system would be limited to the categories “published,” “accepted,” and “submitted” and provide definitions and examples for each.

The listing of poster and oral presentations is prone to duplication and could benefit from a hierarchical system with sublistings for repeat presentations and publications. Many applicants present the same project at medical school and national meetings. By listing both presentations separately, it gives the false impression that two distinct projects were presented. A similar problem occurs when society journals publish appendices listing society conference abstracts. These are not full-length manuscripts and go through an abbreviated review process. Double listing conference presentations as published manuscripts artificially inflates the applicant’s research efforts.

Inaccurate manuscript citations disrupt the ethos of the application process. We have proposed concrete solutions that ERAS should consider employing to make manuscript information simpler to enter and easier to interpret. We feel that these steps, in conjunction with improved medical school mentoring, will help to reduce both deliberate and unintentional inaccuracies by applicants.

Disclosures: None reported.

Lars Grimm, MD, MHS
Resident physician, Department of Radiology, Duke University Medical Center, Durham, North Carolina; lars.grimm@duke.edu.

Charles Maxfield, MD
Professor, Departments of Radiology and Pediatrics, Duke University Medical Center, Durham, North Carolina.

Reference


In Reply to Grimm and Maxfield: In their letter and in their previous study, Drs. Grimm and Maxfield have taken important steps toward investigating the accuracy of publication information entered by applicants into the Electronic Residency Application Service (ERAS) and in exploring what can be done to improve the quality of information provided by ERAS to residency selection committees. These findings are relevant to all specialties that deem academic research an important factor in identifying future residents and fellows. Moreover, this letter is very timely, as a number of the authors’ recommended changes will be reflected in the redesigned Program Director’s Workstation (PDWS, the ERAS platform used by residency program directors) that will be released broadly to the community in July 2014. Although not all of the authors’ recommendations are incorporated in the new PDWS, the publications section has undergone significant changes designed to improve selection committees’ ability to review publications submitted by applicants. For example, applicants’ research submissions will be delineated and displayed in categories such as Peer-Reviewed Journal Articles/Abstracts (published) and Peer-Review Journal Articles/Abstracts (other than published), as well as Poster Presentations, Oral Presentations, and Peer-Reviewed Online Journals and Articles, to name a few. In addition, PubMed ID numbers will be required for works listed in the published, peer-reviewed section.

Although MyERAS, the system applicants use to complete their application, does provide instructions about how to enter research as well as examples of how the entry will display to programs, status labels like “in press,” “accepted,” and “provisionally accepted” were not created by ERAS. These are commonly used terms in the scholarly publishing arena. Drs. Grimm and Maxfield question whether applicants should be expected to distinguish between the terms, but these very terms are used widely in the field in which applicants will be expected to perform as academic researchers. Therefore, medical students should receive the necessary guidance to understand and appropriately use the tools of their trade. The ERAS staff seek to continuously improve the ERAS system and, as such, will continue to identify ways to support applicants using MyERAS, but we believe that the mentors with whom applicants complete research are in a much better position to advise applicants about the most appropriate way to represent their work.

In partnership with the communities ERAS serves, ERAS software applications are designed to streamline and facilitate