From the Association of Family Medicine Residency Directors

Ann Fam Med 2019;17:90. https://doi.org/10.1370/afm.2349.

SURVIVING THE SOAP

The end of February usually brings a great deal of relief for residency programs. We have successfully weathered another recruiting season. Hundreds of qualified applications were reviewed, and hours of interviews were completed. The anxious phone calls and solicitous e-mails taper off. We are left amazed by the quality of students applying for post-graduate training and we begin to rank those who we feel would be the best fit for our program. The excitement of match day approaches with all of the pomp and traditions. On occasion, however, the excitement and anticipation is unexpectedly disrupted: an e-mail arrives stating your program did not fill all of its positions.

This past year, we found our programs in this position. It took mere seconds for the numbness to convert to mania and borderline terror, as we began to make lists of all that needed to unfold. After all, we had only 48 hours to fill available positions in the Supplemental Offer and Acceptance Program (SOAP).

Meanwhile, a flurry of panic was brewing among medical schools as they coordinated to support unmatched students. Some applicants had prepared for the possibility of "SOAPing"—they worked with advisers to refine their personal statement ahead of time. Others were completely blindsided, shrouded in tears as the calls started coming in from interested programs. As we scrambled our resources to review and interview applicants there were hundreds of potential family doctors out there waiting for a call or e-mail.

The SOAP systematically places unmatched applicants into open residency positions, previously accomplished with the "Scramble." For those programs that find themselves in this position, there are several pearls to consider.

The Program Director should have an open schedule and marshal available faculty, residents, and administrators to provide focused and objective evaluations of applications. Considerable time is required to screen and interview the applicants you feel would be a good fit for the program. Choosing a systematic evaluation of available candidates makes things more manageable as you scour the applications. Some students may have poor test scores with amazing clinical reviews. Others may have anomalous failures that are easily balanced by their leadership experiences. Students who planned to train in a different specialty may now be reaching out to family medicine residency programs. All these students have 1 thing in common: eagerness to begin training to be a doctor. Their roots from medical school have resurfaced and their purpose is now to simply become a doctor.

The SOAP process forces programs to approach their pile of applications much differently and can lead to changes in the overall recruitment process. For example, programs may find new opportunities to review applicants more holistically to find the best match for both the program and the student.

Going through the SOAP does not have to be a negative experience. In fact, the residents we obtained through the SOAP were eager, well-qualified physicians who, for some reason or another, had not considered our program previously. The SOAP brought together available residency training positions with well-prepared, bright future family physicians.

The AFMRD has started to build a toolbox of resources for programs that find themselves entering the SOAP for the first time. Guidance on the timeline, the "dos and don'ts," and the structures to consider for interviewing are provided by fellow Program Directors who have successfully found residents through the SOAP. Hopefully, these resources will help programs approach the SOAP without fear and devastation.

Curtis L. Galke, DO, FAAFP and Katie Hartl, MD

From the North American Primary Care Research Group

Ann Fam Med 2019;17:90-91. https://doi.org/10.1370/afm.2350.

NORTH AMERICAN PRIMARY CARE RESEARCH GROUP POSITION STATEMENT ON ELECTRONIC HEALTH RECORD INFORMATION BLOCKING

Information exchange is critical to ensuring that patients receive the right care, at the right place, and at the right time. Increasingly, this communication depends on the secure, effective, and efficient delivery of information elctronically.[1] To ensure health information technology (HIT) investments ultimately lead to greater value, the Health Information Technology for Clinical and Economic Health (HITECH) Act included provisions to develop the infrastructure for health information exchange (HIE).[2] In response, health care providers have increasingly adopted