June 2019

Nate Gross, MD
Doximity
60 E 3rd Ave #115
San Mateo, CA 94401

Dear Dr. Gross,

As the leaders of the professional and advocacy organizations representing our specialty, we write to declare our collective opposition to the continued use of the Doximity Residency Navigator platform for Emergency Medicine.

Our organizations represent the professional and academic interests of over 40,000 emergency physicians. As we noted in our letter to you in 2014, we believe your Emergency Medicine residency program ranking process is methodologically flawed and threatens the integrity of the system we have worked diligently to build and maintain.

As we understand it, the Residency Navigator is targeted towards medical students applying to Emergency Medicine residency programs and relies on the graduates from those programs to somehow identify which training programs are superior.

While your intentions are noble, the results are influenced heavily by graduate numbers, are tainted by significant sampling bias, and lack objective and transparent measures of program quality. We concede that you may not intend to offer a formal rank order of programs, but this is the unintended consequence of a system whose results correlate with graduate numbers.

Through no fault of programs themselves, your process unavoidably favors older, well-established and larger programs, both of whom have more graduates to sample. This disadvantages newer programs, smaller programs, and those programs with a modest or no social media presence. Essentially, it reduces the complex process of choosing a residency program to a popularity contest.

At a minimum, your platform deters prospective applicants from considering excellent programs with low response rates. At worst, as our 2014 letter suggests, it may threaten patient safety.

There are some themes common to residency selection, but there are countless individual factors applicants consider when they apply to a program. Not all of these can be measured, categorized, or compared. Even if they could, objectivity would be unachievable because every graduate has no first-hand knowledge of the culture, curriculum, faculty, or significant program attributes other than those associated with the program where they trained. As such, your results are arbitrary and necessarily

biased towards the only program those graduates know. It is therefore not just futile to attempt comparison, but also irresponsible.

We recognize that certain programs are suited for certain applicants, but ranking training programs above others is contrary to the principles of our specialty, anathema to our shared values, and does nothing to advance the specialty of Emergency Medicine.

We encourage prospective residency applicants to choose where to train based not on "likes" but rather each program's objective merits that align with their values and training aims—unique qualities, successes, strengths, clinical experiences, context, patient population served, and graduate opportunities—as well as their subjective experiences when they meet the residents, faculty, and staff at each program.

Respectfully,

David A Farcy, MD, FAAEM, FCCM
President, American Academy of Emergency Medicine

Robert L. Muelleman, MD
President, American Board of Emergency Medicine

John Rogers, MD, CPE, FACEP
President, American College of Emergency Physicians

Michael D. Brown, MD, MSc
President, Association of Academic Chairs of Emergency Medicine

Kathy Hiller, MD, MPH
President, Clerkship Directors in Emergency Medicine

Maria Moreira, MD
President, Council of Residency Directors in Emergency Medicine

Omar Maniya, MD, MBA
President, Emergency Medicine Residents' Association

Moiz Qureshi, MD
President, Resident Student Association

Ian B.K. Martin, MD, MBA
President, Society for Academic Emergency Medicine