

Making a Path for the Most Vulnerable:

Best Practices in Advising the “At Risk”
Applicant

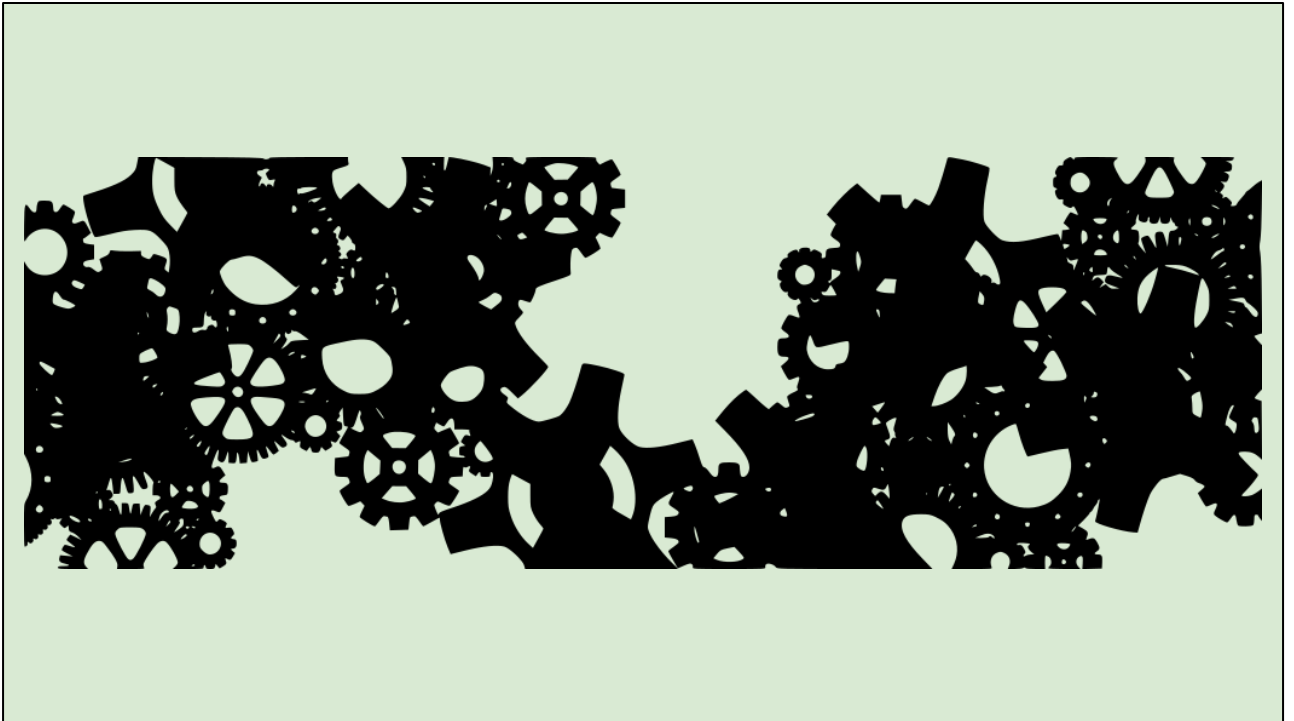


Advising for many of our applicants will not change their outcomes in the match, but for our most vulnerable the advice they hear can have an enormous impact.



Our advice can be the difference between falling off the cliff and making it through the match.

Our goal today is to give you the tools to find the right advice for your @risk applicant



We are going to work in small groups for the next 10 minutes

At your table is a case of an @risk applicant

With your group you will answer common advising questions for this applicant and come to a consensus

You will have 10 minutes - there are facilitators who will be circulating to help you

On each table is also a copy of the ASC @ risk applying guide as a quick reference if you finish early there is a bonus case on your table

Each table will designate one person to report out to the group - what are you most confident in your advising of this case? what are you struggling with for this case?

This is your chance to “stump the chumps” if you never listened to car talk you should- our esteemed panel will tackle the toughest question.

Questions:

1. Is this applicant matchable? What is their risk? Is this fixable?
2. How many rotations? should they do a 3rd?
3. What application strategy should you advise? #, location ...
4. How are you going to frame discussion? How can you get the applicant to gain insight? Redirect ...
5. How to address @risk characteristic in application:
 - a. Step 2 early
 - b. Backup plan
 - c. Interview tips
 - d. Any other likely pitfalls

#1 Unachievable

Former scribe in your ED who you were very fond of contacts you to get advising on their application to EM.

They were a hard worker, smart and diligent. You believe they can succeed in EM.

DO - well respected school

HP/H Core clerkships

590 Complex 1

230 Step 1

Wants a big name program - has already applied to rotations at multiple programs that you have never seen take a DO

#2 Unachievable

Applicant from your medical school is in your office next week for advising help. Desperately wants to relocate to the coast(one you are not on).

They need to be in a city for their partner in finance.

MD

HP in all core clerkships(everyone gets this at your school)

230 Step 1

Hasn't applied to any away rotations. Has AI planned for September at your school.

#3 Clinical

Applicant from your medical school is in your office next month for advising help. Currently rotating with rave reviews. They have excelled in medical school with the exception of failing Step 1 the week after their father died.

MD

H in core clerkships

Fail Step 1

246 Step 1

Applied but hasn't been accepted to any away rotations so far.

Will go anywhere anytime, just wants a chance.

#4 Clinical

Applicant currently an away rotator(May) - doing fine “nothing special” → “Fine” “solid”. Applicant delayed 4th year to do “research” at medical school without any additional degree. In your office for mid rotation meeting.

MD

P in core clerkships

209 Step1

On further questioning - failed Embryology and multiple shelf exams.

#5 Personality/Professionalism

Applicant currently rotating with you(May). They come to your office so you can make sure they get exactly what they want. Applicant is cocky and overbearing. In just one week of rotation has already alienated nursing and residents. Clinically superb, really has it. Succinct presentations, good plans, and great follow through. While you don't like them - they can do this job well.

MD

H in all core clerkships

260 Step 1

Applicant only wants to be at the best, has "no interest in wasting time at inferior programs." Has 4 away rotations planned. You know he is going to get a low or not ranking in one of those letters - you would give him one based on this first week.

#6 Personality/Professionalism

Applicant current away rotator(July) - doing fine nothing special. They seem to be quiet but competent. Last night you worked with them and didn't realize they were there until half way through the shift.

MD

HP in core clerkships

217 Step1

What if they have the opposite personality.

Strategy Expectations Coach



Take home Points:

Direct strategy with realistic expectations

Backup and narrative to address Fails/gaps

Coaching to maximize interviews/rotations

Upfront and honest with the difficult conversation (pain now)



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[ASC EM resources](#)

<https://www.cordem.org/resources/professional-development/medical-student-resources/>

[AAMC Apply Smart for EM https://www.aamc.org/cim/478994/applysmartem.html](https://www.aamc.org/cim/478994/applysmartem.html)

[EMRA Match https://webapps.acep.org/utis/spa/match#/search/map](https://webapps.acep.org/utis/spa/match#/search/map)