

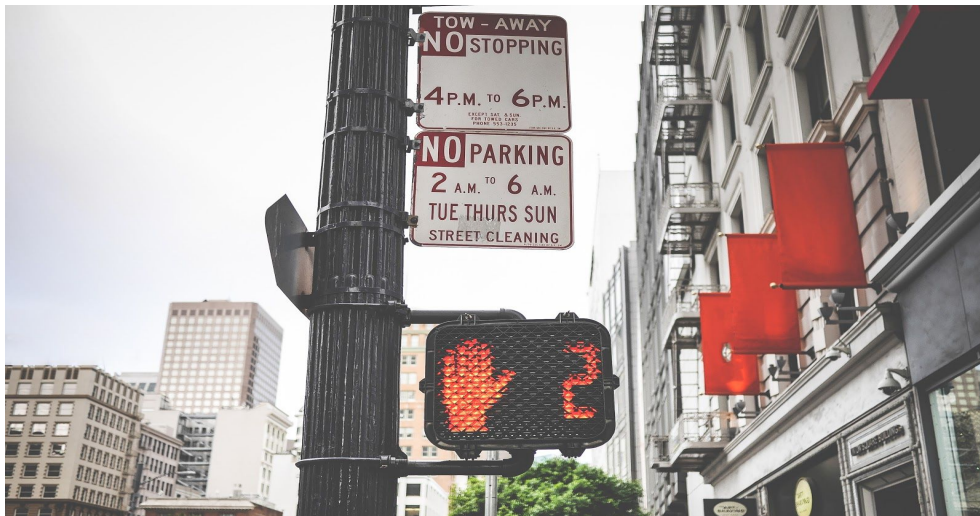


Council of
Emergency Medicine
Residency Directors

Advising Students Committee in Emergency Medicine

The “At-Risk” Applicants’ Emergency Medicine Applying Guide

Liza Smith, MD, Emily Hillman, MD, Jamie Hess, MD, Seth Kelly,
Katelyn Harris, MD, and Adam Kellogg, MD



www.picjumbo.com



This applying guide is intended for students interested in applying to Emergency Medicine (EM) but who have had academic struggles, professionalism concerns, or other potential “red flags” that may affect his or her ability to match.

General overview: In the 2016 NRMP match, there were 2,476 applicants for 1,895 EM residency positions. Predicting which applicants are not likely to match is an ongoing challenge in EM advising. The “At-Risk” applicant is one who for a variety of reasons may fall into the less competitive end of the applicant pool and may not be able to have a successful match in EM. This concern is often due to a “red flag” in his or her application. When the term “red flag” is used in medicine, it indicates a warning sign for more serious pathology, such as the “red flags” for spinal cord compression in back pain. This terminology has been adopted by application reviewers to refer to signs in an application that raise concerns about an applicant.

Knowing if you are an applicant who will raise “red flags” in the mind of a program director (PD) is really important for planning your application strategy. If you do have one or more of these warning signs, you are at risk to not match in EM. You will need to do everything you can to minimize the impact on your application and be proactive about considering a backup application strategy.

“Red Flags” tend to fall into one of three categories: Academic struggles, professionalism concerns, and unexplained gaps in the CV. These are not all equal, but any one of them can negatively impact your chance of matching.

Academic Struggles

1. Failure of the USMLE or COMLEX exam:

Residency programs are evaluated on the rate at which their graduates pass the boards when they finish residency. It has been demonstrated for many specialties, including EM, that not passing the USMLE or COMLEX is a strong predictor of struggling to pass later exams.^{1,2} This leads program directors to worry about applicants who struggle on these types of knowledge assessments.

What to do? If you have failed a portion of the USMLE or COMLEX, it is critical that you retake and pass as soon as possible to help allay this fear. These marathon testing scenarios are challenging, and in addition to continuing to bolster your knowledge base, taking a course in test-taking strategy can be extremely helpful for many students. In addition, students who perform poorly

on or fail USMLE Step 1 should plan to take Step 2 CK early; marked improvement on this can help reassure programs about test taking abilities. Failing USMLE Step 1 warrants a backup plan.

2. Failure of a pre-clinical course or repeating a pre-clinical year:

Some students take longer than others to adapt to the rigorous pace and time-management demands involved in the transition to medical school. Failing or repeating a pre-clinical course or year typically indicates a struggle with accumulating a strong knowledge base and translating it into testing scenarios. Effective studying and time-management take practice to master, like any other skill.

What to do? As with failure to pass the boards, re-taking the necessary course work and demonstrating success is the best approach to mitigate any concerns.

3. Failure of a clerkship:

Failing a clerkship or other clinical experience is slightly different from failing a pre-clinical course and is also more worrisome because it will often be interpreted as a result of professionalism issues. These can be “deal breakers” to a Program Director.

What to do? In addition to successfully repeating the clerkship the circumstances around the failure need to be explained in the personal statement and/or MSPE.

4. Negative feedback on the Medical Student Performance Evaluation (MSPE; Dean’s Letter):

The MSPE usually includes feedback given on your clerkship evaluations and occasionally can include negative feedback such as lack of interest, multiple absences or being late, not paying attention, etc.

What to do? It is important to fully review your Dean’s letter and be able to answer questions and take ownership in regards to negative feedback included within your evaluations. The key to handling these Red Flags is to be able to explain the situation, take ownership, and be able to discuss what steps you have taken to improve.

Professionalism Concerns

1. Academic misconduct:

Academic dishonesty speaks to the character of the applicant and raises

concerns about how the applicant will meet the legal, ethical, and professional obligations of a physician.

What to do? If you have been involved in proceedings related to academic misconduct during your medical school tenure but are still on track to graduate, you must have convinced your school that there was a misunderstanding or that you have been rehabilitated. You can certainly try to re-state your case for application reviewers in your personal statement, but in a competitive specialty like EM it is unlikely you will match; a backup strategy must be considered.

2. Misdemeanor or Felony history:

Legal trouble, such as a DUI, on your record may raise eyebrows, but part of how a program interprets these data has to do with an applicant's growth since the event occurred. There are two types of people in the world: those who learn from their mistakes and those who don't. For instance, if your response is to blame others, make excuses, and continue to make the same mistakes, your past is likely to drag your application down. If, however, you accept responsibility, take ownership of your mistakes, and can demonstrate making conscious changes for the better, Program Directors can look past this blemish.

What to do? Take some time to truly reflect on your experience, identify how you could have handled the situation in a different way, and be able to articulate what you learned from the past. ERAS has a text-box where applicants can include narrative comments regarding a misdemeanor or felony.

Unexplained gaps in your CV

If you have taken time off during medical school or if there are long periods of time unaccounted for on your CV, these gaps need to be addressed in your application. PDs may become concerned if an applicant demonstrates a history of not being able to complete a curriculum or course requirements in the usual time provided.

What to do? There can be good reasons that these gaps happen, and you are best off explaining up front in your Personal Statement or MSPE. Do not rely on the hope that they go unnoticed or that you can get away without explanation. If you leave these gaps to the imaginations of applicant reviewers, they will assume academic struggle or a professionalism issue.

The best defense is a good offense

In 2016 the AAMC recommended a new format of the MSPE with the goal of offering a

more accurate and objective summary of student performance. The new format will more directly compare your performance with your peers and highlight adverse parts of your application, such as professionalism deficiencies. For more information visit: https://www.aamc.org/members/gsa/54686/gsa_mspeguide.html

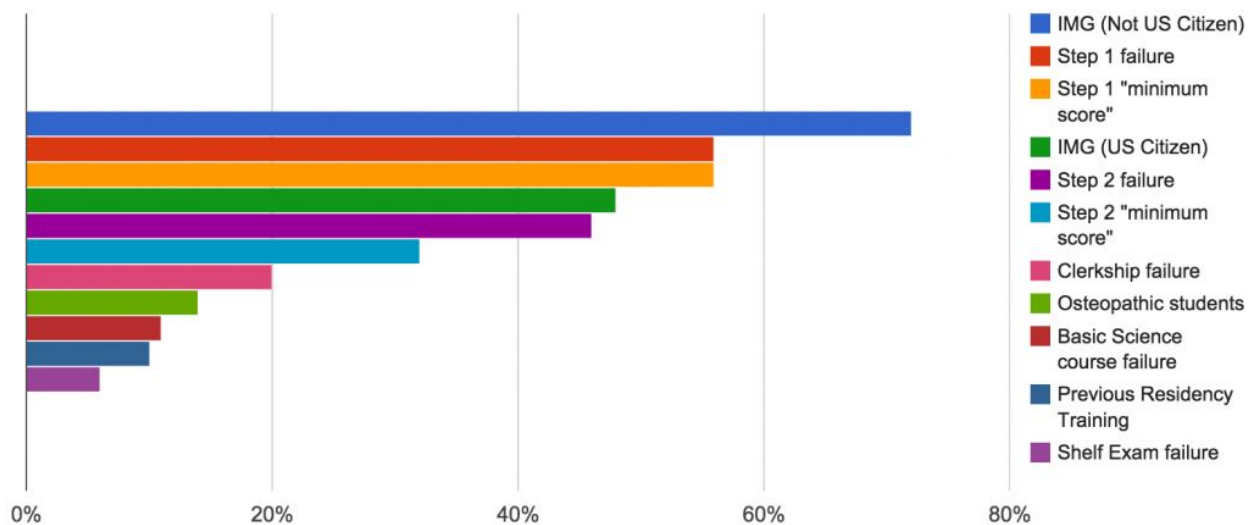
Most advisors recommend addressing “red flags” in your personal statement. This is the first place that someone reviewing your application is going to look for an explanation. If they do not find one, there is little incentive for them to go any further in considering you for an interview.

You should explain mitigating circumstances that led to your failure of a USMLE or COMLEX exam or failure of a clerkship, but be careful not to make excuses. In other words, take responsibility for what happened. Describe the steps you have taken to remedy the issue and how you emerged from these challenges better prepared for a career in EM.

Have an advisor review your personal statement and give feedback. They should be a useful resource with insight on how your explanation will be interpreted. Things happen, life is complicated, and reviewers can understand this—if you give them the chance.

Applicants do need to understand the limitations of any of these strategies for managing “red flags”. Every effort should be made to explain the circumstances to better inform the application reviewer. However, many times the application will not be reviewed because of the use of ERAS filters by programs. The table below shows the results of a survey of EM residency program directors on the use of filters.³

Relative frequencies of screening filter type by programs that report to using them.



Without the ability to know which programs use which filters, “At Risk” applicants have no choice but to apply broadly to get their applications seen and discuss the need for a backup plan with an advisor.

Key Points

1. What does it mean to have “Red Flags” in your application?

“Red Flags” refer to signs in an application that raise concerns about an applicant. They tend to fall into one of three categories:

- Academic Struggle (such as failing the USMLE or repeating a preclinical course or year)
- Professionalism Concerns (such as academic misconduct or having a misdemeanor/felony history)
- Unexplained gaps on your CV

2. How should I address a “Red Flag”?

It may be tempting to hope it will go unnoticed by all of the experienced reviewers who will be looking at your application. You are almost invariably better off using your personal statement as a vehicle to address any “Red Flag” and explain what you have learned and how you have grown from the associated experience.

References

1. Caffery, Terrell; Jones, Glenn; & Musso, Mandi. (2016). Predicting Initial ABEM Board Passage Rates Using USMLE Scores. *Western Journal of Emergency Medicine*, 17(4.1). uciem_westjem_32226. Retrieved from: <http://escholarship.org/uc/item/9ht402wz>
2. Harmouche, Elie; Goyal, Nikhil; Pinawin, Ashley; Nagarwala, Jumana; & Bhat, Rahul. (2017). USMLE Scores Predict Success in ABEM Initial Certification: A Multicenter Study. *Western Journal of Emergency Medicine*, Advance online publication. uciem_westjem_32478. Retrieved from: <http://escholarship.org/uc/item/8jz2n3j5>
3. Jarou Z, Kellogg A. Diagnosing the Match: Trends in the Applicant Selection Process. EM Resident. <https://www.emra.org/emresident/article/diagnosing-the-match-trends-in-the-applicant-selection-process/>. Accessed May 25, 2018.