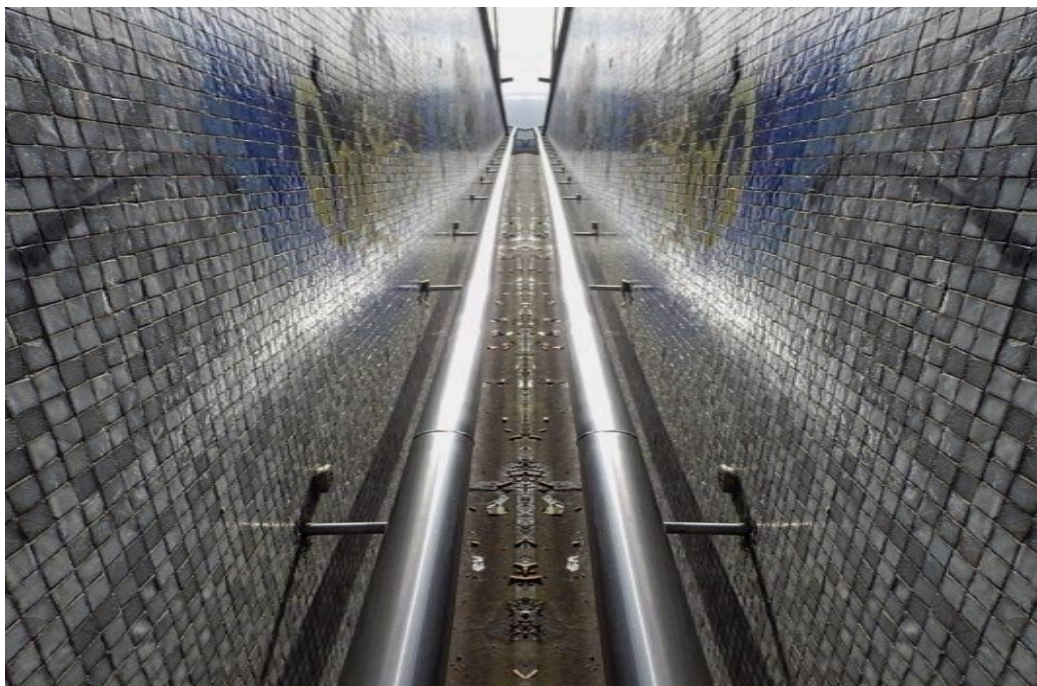




# The Emergency Medicine Applying Guide

Lucienne Lutfy-Clayton MD, Tom Morrissey MD, Alexis Pelletier-Bui MD, Cassandra Zhuang, Xiao C. Zhang, MD, MS, Kevin Hu MD, Sameer Desai MD, Jamie Hess MD, David Tillman MD, and Emily Hillman, MD



***This is a guide for medical students interested in applying for Emergency Medicine(EM) residency. It serves as an initial resource for planning your fourth year and the application process. Please supplement it with personalized advising from an academic EM advisor.***

## **ROTATIONS - This is the first step in your application, arranging a Home and Away Rotation:**

### **How many should you complete?**

- Two rotations in Emergency Medicine(EM) by the fall are recommended(preferably completed by October 1st). This is a recommendation to maximize your application. These should be at academic institutions with training programs. One should be at your home institution and one away. If your home doesn't have an EM program, than two away rotations should be completed.
- A third rotation is not recommended unless there is a specific reason it is needed for your application, or it fulfills a learning need for you specifically. An advisor familiar with EM residency applications is the best person to help troubleshoot your application, but very few will need a third rotation.
  - Potential reasons for a third rotation: You have a weaker application (i.e. low step scores) but shine clinically. You want to check out/show interest in three different geographic locations.
  - If two is good, three is better, right?? Maybe not. Three back to back EM rotations means you need to be "on" for 12 weeks straight. It's also tiring traveling from city to city, flipping from nights to days, and adapting to a new environment. With each subsequent rotation more is expected of you. Wavering energy, enthusiasm, and progression of skills are commonly seen on third and fourth rotations and can hurt your application.
  - At this point, a third month is better served by learning some new skills that will assist your medical education that you won't have a chance to do in an EM residency (ophtho, plastics etc).

## Where?

- Academic programs: It's almost assumed you will do 1 rotation at your home school. There are always unique scenarios where this may not be what you chose to do, but be prepared to explain during interviews if you have not rotated at home. Academic programs will prepare a Standardized Letter of Evaluation (SLOE) which is written by the residency leadership/Clerkship Director based on your rotation performance.
- Community Emergency Departments without EM residents may offer more opportunities for hands on procedures and may be a great rotation to learn what exactly a lifelong career in EM entails. However, a letter from this rotation is not as helpful as the one written by EM educators.
- Most programs use VSAS for applications. A few programs have individual applications. These are more cumbersome, but the non-VSAS schools tend to have fewer applicants. Newer programs may also get fewer applicants, and can be a great opportunity.
- Location is the most common reason to be interested in a program and rotation. Application reviewers like to see a connection between applicants and their program. A rotation in the region can supply this connection.
- When choosing, keep in mind the three general "types" of EM residencies as you look for rotations: county hospitals, university hospitals, and community hospitals. Consider rotating at a program that is a different type from your home rotation, to get a better idea of what you will want in residency.
- Your visiting rotation is ideally done at the program in which you are interested. However, this does not always work out. Money, off cycle dates, and lack of slots available are just some of the potential issues that can keep you from a place. **You need to apply to three places for each block/month you are trying to fill.**
- If you accept and then change your mind, contact the Clerkship Coordinator and/or Clerkship Director as soon as possible to cancel the rotation. Canceling late or not showing up leaves the program with an empty slot and other applicants without a rotation. It also reflects on your sense of personal responsibility.

- At the end of the day, even if you rotate at a place you are uncertain you want to attend for residency, a stellar performance and subsequent stellar letter will help you get interviews at many other places.
- Regardless of how you feel about the rotation, you accepted it, now you need to rock it. **This is a month long interview during which you are ALWAYS on.** Every interaction, attending physician, resident, student, nurse, tech, coordinator, the person who cleans the offices, etc. has the potential to help or harm you. Balance professionalism and being yourself. Get comfortable, but always remember why you are there.
- Expectations on these rotations are simple. Work as hard as you can and always be happy about it. Some rotations are heavy on clinical hours, others are heavier on education. Regardless, your enthusiasm should never waver.

## Rotation Tips

- Bring your own scrubs on visiting rotations. Many do not provide them.
- Learn how to present concisely, in an organized fashion, and accurately. You should know far more information than you may present so that questions asked of you can be answered. Watch [this EMRA/CDEM](#) video to see how to present in EM.
- Be honest. If you do not know, just say so. Follow it up with “but I’ll look it up.” Never ever fib. If you didn’t check or ask, admit it. Programs need to feel they can trust you.
- Be flexible. Each attending/resident is different and each shift is different. If you cannot be flexible, or you need everything to be the same way every time, EM may not be the best career for you.
- Ensure you get feedback from the clerkship director mid-way through the rotation, so you can incorporate this feedback and improve.
- Pick a concise EM text early on and read it cover to cover during these months. Podcasts are okay. However, you need to study something core and comprehensive, not just hot topics. A decent quick resource is an EM study guide designed to complement a text. Blueprints, Tintinalli, and Rosen each

have one.

## Important to remember...

- You are there to learn about the residency program, for them to learn about you, AND for them to tell the rest of the country about you.
- One of the key transitions from medical school to residency is to convert from “reporter” to “interpreter” & “manager”. The goal is not to show faculty that you can take dozens of histories and physicals on a shift. It is to show faculty you can take that H&P, form a differential, enact a plan to assess for certain conditions, treat the patient’s symptoms, reassess patients, review results, and come up with an appropriate final disposition.
- An EM intern rarely averages more than 1.0/patients per hour. That should probably be the max a student should see on shift. Know all the results, review all the images, if allowed, call consults, observe consultants, and report progress to resident and attendings on YOUR patients. They become your patients if you do all these things.

## **LETTERS – This is what is used to compare applicants**

Matching in EM is ALL about the rotations and your letters of recommendation. In fact, our specialty puts an enormous emphasis on letters from within the specialty. We even created our own standard letter, the Standardized Letter of Evaluation (SLOE).

- Here is a blank example of a [SLOE](#). Review it to best understand how programs communicate with each other.
- We recommend 2 SLOEs. Most letters other than SLOE’s have very little weight. Program reviewers know how to interpret each other’s letters much better than the letters written from non-academic EM faculty. Letters from EM physicians who are not on faculty are ok, but not as useful. They usually cannot be done on the SLOE form as they do not have a comparison group for many of the questions.
- Most academic departments are now creating a “departmental SLOE,” a combined letter with the signatures of the clerkship director, Program Director, Associate Program Directors, and occasional other key faculty. A second letter from the same institution is less useful. At best, it will duplicate the departmental

opinion; at worst it will differ, becoming confusing for those reading your file.

## The Hierarchy of Letters:

**SLOE from residency program > LOR from non-academic EM Physician > LOR from non EM Physician**

- A home institution SLOE is expected by most programs. The occasional exception is if your home institution does not have an EM residency or a robust clerkship. It is also anticipated that you would have a letter from each site you rotate at, unless it is a particularly late rotation. Not having those letters will require explanation. **The most unbiased opinion is the one from the visiting rotation leadership.**
- Most programs have a plan set up for students rotating to obtain letters. You still need to formally ask and provide them with needed information. Typically, the clerkship director(CD) is the person to ask at the beginning of the rotation. Some schools will ask you to obtain a SLOE from the faculty you feel know you best. Try to get to know this person (CD or individual faculty) over the month. Set up a mid-rotation meeting so you can discuss what you can improve upon, and just to let them get to know you a little better in a non-clinical setting.
- Strong letters can definitely turn the tide of a weaker application. **In EM, the USMLE step 1 and 2 and the SLOEs have great weight in how most programs decide who to invite for interviews.** Once you get your foot in the door, it is all about how you present yourself. Strive to obtain these first two letters as early as possible, ideally before October 1st. Each institution has its own way of breaking up the hundreds or thousands of applications for review amongst a few faculty. Many programs review applications with 1 SLOE and this is listed on EMRA Match.

## **THE ERAS APPLICATION (Electronic Residency Application Service) – How we decide who gets the interview invites:**

### **KEY DATES to know:**

**July 1:** Site opens and you can start uploading documents. DO applicants can send applications to Osteopathic AOA programs

**Sept 15:** Applicants apply to ACGME programs

**Oct 1:** Dean's letter sent to residency programs

Each program will differ in when and how they review applications. Some may start September 15, though many will wait until October 1 when the MSPE (“Dean’s Letter”) is out. Regardless, **get your application in AS EARLY AS POSSIBLE.**

### **PARTS OF THE APPLICATION**

#### **“The application”**

- Essentially a CV you will have to manually enter.
- Contains educational experience, work experience, volunteer experience, research experience, publications, honors/awards, personal interests.
- Try to think from the perspective of a Program Director when considering what activities to include.
- Non-medical work experience can be important. Jobs that require leadership, teamwork, and service are all relevant. This is also true of volunteer work, provided they show longitudinal commitment or a niche. *Show what you learned from each experience.*
- Include all publications and posters/abstracts presented. Do not include lectures given as part of a class or rotation.
- The personal interests section may be one of the few chances you will have to talk about yourself outside of medicine. You should definitely include interesting

and unique hobbies and be prepared to talk about them during the interview.

## The Personal Statement

Surveys of EM Program Directors show that they consider the Personal Statement (PS) to be one of the least important factors in deciding who to offer interviews to and in determining the match list. Generally speaking, this means for most people, play it safe.

### **DO:**

- Address the following questions
  - 1) What drew you to Emergency Medicine?
  - 2) What experiences have you had that prepared you for EM?
  - 3) What qualities do you possess that will make you an asset to a program?
  - 4) What are your goals for your EM training?
- Run spell check.
- Have someone else read over it for grammar and flow.

### **DON'T:**

- Spend too much time on this!
- Make it longer than one page (Program Directors get tired of reading these things).
- Be too weird or clever. For many readers the Personal Statement will not help and can only hurt you.
- Don't use a Personal Statement writing service. Just don't.

### **Special consideration:**

Use the Personal Statement to address any area of concern or deficit in your application. Most people screening your application will look to the Personal Statement to explain anything concerning they find in the transcript, Dean's Letter (MSPE), or CV. Use this as an opportunity to explain what happened and how you learned and grew from the experience. Better to get in front of something and offer your explanation than to vainly hope no one finds the red flag.



## The Dean's Letter (MSPE) and Transcript

- Generally, Program Directors are looking at the global recommendation, the class rank, the clinical rotation grades, and sifting for Red Flags.
- There is not much you can do about any of this information, but knowing where you stand can help you gauge how competitive you are as an applicant and guide what you write in your Personal Statement.

## Board Scores - Should you take Step 2 early?

- **Step 2 is more important to your application than Step 1.** Step 2 covers more clinically relevant material, thus a really good Step 2 score can make a Program Director forget about a mediocre Step 1 score. Take it early if your Step 1 was <220.
- Most programs will want to see a Step 2 score prior to ranking you so ensure you take Step 2 by December so it is available by the time rank lists are submitted.
- Remember to release these scores to ERAS so programs can actually see the results of all of your work.

## Standardized Video Interview

- This is a new part of the application process, used as a pilot by the AAMC for the EM application.
- This was voluntary in the 2017 match, and required for the 2018 match.
- It is comprised of six timed questions from a pool of standardized questions that are taped using a personal device with an internet connection and a camera.
- Applicants are given time to read the question, and then up to three minutes for each response.
- Applicants sign up for a time between June and late July, to complete the video interview.
- The timing and design may change and applicants should review the information from the AAMC for up to date details.

- It is not clear at this time how programs will use this information.

## **THE INTERVIEWS- This decides the rank list on both sides**

### **Offers**

- Most programs will send out their first wave of offers (via email) in October and early November. Rolling admissions continue with applicants continually being taken off the waitlist.
- Unless you get a formal rejection, you are still being considered for an interview.
- If you have not received an offer 1-2 months after you have submitted your application, consider emailing the program director or coordinator of the programs you are most interested and invested in to get an update. This shows interest to those programs and may garner you interviews that you may otherwise not have received. Make sure this is to a limited enough number of programs and that you can keep it personalized. A generic “checking on the status of my application” email is likely to be ignored.

### **How many interviews**

- Simple answer: It depends. The factors involved include your competitiveness (medical school, grades, step scores, SLOEs), as well as factors like being part of a couples match and the region or type of programs you are targeting.
- Generally speaking, data has shown that interviewing at 12 programs will give you a 99% match rate.
- Realistically you will struggle to complete more than 12 interviews and there is a quickly diminishing return after 10 interviews.
- There is generally no benefit to “hoarding” more than 12 interviews. Other applicants (your future colleagues) are hoping for those spots. Cancel your “extra” interviews early and focus your energy on the 10-12 you are most interested in. This will save you time and money.
- If booking through Interview Broker, programs will be notified if you hold two interviews for the same day for greater than 48 hours.

## Scheduling Interviews

- Because the majority of interviews take place in November, December, and early January, plan to take those months off or take elective rotations that would allow you to be away during that time. If you have a less competitive academic profile, consider scheduling your time off/elective time later in the season to take advantage of potential interview opportunities from later cancellations by other applicants.
- Stay on top of your emails. Offers are sent in batches and if you want a certain date, the earlier you respond the more likely you will get it. If you will be off-line for awhile, designate a proxy to check your emails. Have them respond if invites come in, as these can fill up amazingly quickly.
- In an ideal world, you'd be able to schedule your interviews regionally back to back, but this is often not possible. If you can, try to schedule interviews in the same week in the same or nearby geographic location to minimize costs.
- Although programs do not select more applicants on a certain interview date, you may not want to schedule your potential top choice as your first interview. The concept of a "practice interview" for your first interview may help you adjust to the interview atmosphere, sample some questions, and feel more at ease with the process.
- There is an etiquette with canceling interviews. If you have decided not to go on an interview, you should cancel as soon as you make this decision (or at the very minimum, at least 2 weeks before your interview date). This is in deference to those still on the waiting list who can take your spot and you would want this reciprocated for you. Canceling an interview less than 2 weeks of the date reflects poorly on your professionalism. The world of EM Program Directors is a small one and they often know each other. Many Program Directors will contact your home program leadership if you no show for an interview or cancel at the last minute.

## Pre-interview

- Most programs have a social event with residents either the night before the interview or afterwards, usually at a restaurant, bar or lounge. Dress is typically casual.
- It is highly encouraged, if you can make it, for you to attend these socials. The events are for you to interact with the residents, get to know them, and obtain a

resident perspective on the program. There are attributes of the program that you may not learn during the formal interview day.

- Although these are informal settings, you do not want to raise any red flags by making inappropriate comments or end up being carried out for excessive drinking.

## The Interview

- Besides the obvious (dressing professionally, being on time, etc), make sure you show up with a positive attitude. Be courteous to everyone you meet, from the program director to the coordinator to the residents to the research assistants.
- Review the program website and have questions of your own, showing your interests.
- Anything on your application is fair game: be prepared to answer any questions.
- Common questions:
  - Why EM?
  - Tell me about yourself.
  - What are your strengths/weaknesses?
  - Why this particular program?
  - Tell me about (research, experience, hobbies, etc) that is on your application.
- Ken Iserson's "Getting into a Residency--a Guide for Medical Students" is an excellent read to prepare for interviews. It is written by an emergency medicine program director.

## Post-interview

- **Thank you letters:** As with medical school interviews, it is a good idea to send them to programs where you have interviewed. However, these letters will not help if you are not genuine or if use a standard template for all programs. If you bring up something specific about the program or a topic that was discussed

during your interview, that will stand apart and come off as more authentic. An email is just as good as a paper letter (and will impress the environmentalists!)

- **Second looks:** Most programs offer this opportunity for students undecided about their top choices and who want to gather more information or gain a sense of the feel of the ED. These very rarely change a program's opinion of you, so should only be done if it will help you gather more needed information for your match-list making. Second looks can also be a financial burden and only should be done for your top choices.
- **If a program is genuinely your top choice, there's no harm in telling that program they are your #1 choice.** However, you should not lie and tell more than one program that they are your top choice. Programs communicate with one another, and even if it does not affect you for the match, this can hurt your professional reputation down the line.

## **RANK LIST - Your big decision**

The rank list is a stressful and deeply personal endeavor for each applicant. While most spend time trying to compare and contrast the minutiae of each program and develop spreadsheets and pro/con lists, in the end successful applicants list programs in order of their overall impression of how happy they will be at a program.

### **Background:**

According to the NRMP data from 2017, there were a total of 2703 applicants for 2047 nationwide EM positions, with only 6 positions unfilled. The number of EM programs has been steadily increasing in the last decade, from 141 programs in 2009 to 191 programs in 2017. The increased popularity of this specialty has been matched by an increase number of programs and positions, keeping the likelihood of match steady.

### **Questions to consider:**

#### ***What is the Matching Process?***

The Matching Process is a time-honored tradition where a mathematical algorithm is used to place applicants into residency and fellowship position (<http://www.nrmp.org/match-process/match-algorithm/>). The process begins by matching the applicant's rank order list (ROL) to the respective programs. If the applicant cannot be matched to the first choice program, the computer algorithm will automatically attempt to place the applicant into the second, third, and so forth until

he/she is matched. A tentative match occurs when a program also ranked the applicant “A” and either:

- The program has an unfilled position, in which case there is room in the program to make a tentative match between the applicant “A” and program, or
- The program does not have an unfilled position, but applicant “A” is **more preferred** by the program than another applicant “B” who already is tentatively matched to the program. In that case, applicant “A” will be granted the position instead of “B.”

When the applicant is removed from a tentative match, an attempt is made to re-match that applicant, starting from the top of the applicant’s ROL.

### ***Will I get my first choice?***

According to the 2017 NRMP data based on matched applicants to all specialties in relationship to their specific rank list, **most students match within their top 3 choices**: 51%/17%/11%, as their 1<sup>st</sup>/2<sup>nd</sup>/3<sup>rd</sup> choice. This means that your top three rank list matter the most, so choose programs carefully!

### ***Should I rank every program?***

**You should only leave a program off your list if you would rather do something other than EM than go to that program.** There are so few open slots in EM that you should never expect to match into EM during the SOAP. Not matching means scrambling to a non-Emergency Medicine Program. (SOAP stands for Supplemental Offer and Acceptance Program®).

### ***Which rank list reigns supreme? Applicants vs. the Residency***

Based on the NRMP Match Algorithm (as described above), the applicant rank list is reviewed before the program rank list, placing a higher priority to applicants’ preference over the residency’s.

### ***Which program should I rank 1<sup>st</sup>?***

Your number one program should be the program that you expect to be happiest at. While many aspects contribute to your decision, it is your gut feeling that matters most. Here are some general suggestions for picking out your top 3 programs:

- **Ask your local EM program directors for advice** – Program Directors consider it part of their job to help and guide you through the application process. Their knowledge base is formidable and they read thousands of applications annually.

- **You will make new friends** – This may sound silly, but many applicants are reluctant to leave their medical school institution, fearing they will lose touch with their friends due to the increased distance. Rest assured, however, you WILL make new friends, either intra- or extra-departmental (or even outside the hospital).
- **Location, Location, Location** – This is true with the housing market, and it is equally pertinent in residency selection. If a particular EM Residency is your dream program, but it's located in a region that you are unfamiliar with, or have limited access to your hobbies (i.e. an outdoorsman in NYC or a Californian surfer in Colorado), then you should strongly reconsider. After all, your wellness matters. Conversely, remember that you are there for the training, and that you will spend A LOT of time at work. Even your dream locale will not make up for you and the program being a poor fit for each other.
- **Don't be distracted by gizmos and gadgets** – What differentiates a strong EM Residency program is the cohesive nature of the residents, the supportive faculty, and the willingness to respond to feedback. Fancy technologies such as EMR, ready access to MRI scanners, and even scribes can be enticing, but they are only as functional as the organization that utilizes them.
- **Are the residents happy?** – This is one of the most important things to assess during your pre-interview dinners. Training at an accredited residency program ensures that you will learn to be an effective and efficient healer. As a result, why not have a good time? If the residents at the dinner seem miserable and depressed, that is a big RED FLAG.

### ***What if I don't even know myself?***

When all else fails, there is a trick you can play on yourself to test your subconscious mind.

- Step 1 – Grab a friend
- Step 2 – Write all of your EM programs on pieces of paper, then fold and place them in a bag.
- Step 3 – Pretend it is Match Day! Have your friend pull a random piece of paper from the bag and tell you that you've matched to the program listed on the paper.
- Step 4 – *Make facial expression* (very important step)
- Step 5 – Ask your friend for your reaction.

## **Conclusion:**

Please remember that you have already chosen one of the most rewarding and exciting fields of medicine. You will have a great education and experience regardless of where you match. Make the list, cross your fingers, and get ready for the next exciting chapter of your career and life. This guide gets you started and walks you through this process, but *you need specialized recommendations from an EM advisor* familiar with EM residencies and the application process to tailor your application.