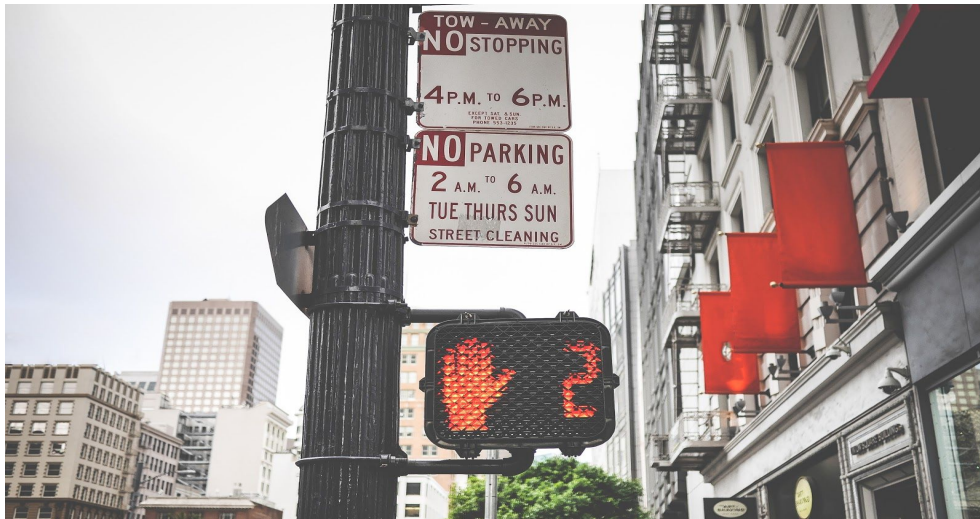




ADVISING STUDENTS COMMITTEE in EM

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

Linda Fan MD, Liza Smith, MD, Emily Hillman, MD, Jamie Hess, MD, Seth Kelly MD, Katelyn Harris, MD, Alexis Pelletier-Bui, MD and Adam Kellogg, MD
on behalf of the CORD Advising Students Committee in EM (ASC-EM)



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 their ability to match.

Disclaimer for 2020-21 Application Year

Due to COVID-19 and the associated travel restrictions and safety measures put in place, the expectations and possibilities have changed this application year. While much of the advice in these guides still holds true, they were written for applicants entering a traditional application year. For the application year of 2020-21, please keep the following in mind:

- ERAS will open of review by residency programs on October 21, 2020
- EM rotations: Ideally, **each student will complete one and only one EM rotation at a residency-affiliated site.** Away rotations should be reserved only for those students who do not have access to a residency affiliated rotation at their home institution.
- Standardized Letters of Evaluation (SLOEs): **Each student is expected to have only one EM clerkship SLOE in their residency application portfolio,** typically an institutional SLOE from the site of their single EM rotation.
- Non-EM SLOE Letters of Recommendation: As most students will only have a single SLOE, it will be necessary for residency programs to place greater emphasis on non-EM letters of recommendation. CORD will be releasing a SLOE-like template for such letters in July.
- EM residency interviews: **All EM residency interviews will be conducted virtually in the 2020- 21 application year.**
- Interview numbers: As in prior years, **10-12 interviews should be sufficient for most students.** At-risk applicants may need more interviews. No student should need more than 17 interviews.

General overview

Each year there are more applicants for Emergency Medicine (EM) residency training than there are available positions. Predicting which applicants are not likely to find a 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 suggesting 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.

Identifying yourself as an applicant who will raise “red flags” in the mind of a program director (PD) is important for planning your application strategy. If you have one or more of these warning signs, you may NOT match in EM. You will need to do

everything you can to optimize your application and to proactively consider a non-EM backup application strategy. Finding an EM position after an unsuccessful match is very unlikely. Consider parallel applications to clinical training sites that will help with reapplication to EM (such as at hospitals with EM residencies, early electives, etc.).

“Red flags” tend to fall into one of three categories: academic struggles, professionalism concerns, and unexplained gaps in the CV. These are not all weighted equally, 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 correlation leads program directors to worry about applicants who struggle on these types of knowledge assessments. In a survey of EM education faculty conducted by this committee, approximately half of programs will not consider an applicant who failed USMLE Step 1, though almost all *do* consider applicants with below average scores.³

What to do? If you have failed a USMLE or COMLEX exam, it is critical that you retake the exam and pass as soon as possible. These marathon testing scenarios are challenging. In addition to strengthening your knowledge base, taking a course in test-taking strategy can be extremely helpful for many students. Moreover, students who perform poorly or fail USMLE Step 1 should plan to take Step 2 CK early in order to have scores available when submitting the ERAS application. An improved performance on Step 2, even just raising your score to average, will reassure programs and increase the likelihood of an interview.³ Failing USMLE Step 1 almost always warrants a non-EM backup plan, though below average scores do not. Because USMLE scores are often used as a filter for programs when reviewing applications, students with below average scores will need to be strategic in selecting programs that are less likely to screen out their application based on this factor alone (see Figure 1).

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

Failing a pre-clinical course or repeating a year of study typically indicates a struggle with accumulating a strong knowledge base and translating it into testing scenarios. Approximately 70% of programs will ‘rarely or never’ (<3 *applicants/year*) interview an applicant with a preclinical course failure on their transcript or MSPE.³ However, the impact of a successfully remediated course

that does not appear as a failure on the final transcript is less clear.

What to do? Successfully retaking a course is absolutely necessary to mitigate any concerns regarding academic achievement. If a failing grade will remain on the transcript, this should be addressed in the personal statement and a non-EM backup plan must be considered.

3. Failure of a clerkship:

Failing a clerkship or other clinical experience is even more worrisome than failing a pre-clinical course. These can be “deal breakers” to a Program Director due to concerns over potential professionalism issues. Nearly all programs reported ‘rarely or never’ interviewing applicants with a clinical course failure.^{3,4} Again, the impact is less clear for a remediated course that no longer appears as a failure on a transcript or MSPE.

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 and a non-EM back-up plan should be pursued.

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

The MSPE usually includes feedback given on your clerkship evaluations and occasionally can include constructive feedback that paints the applicant in a negative light, such as lack of interest, multiple absences or consistent tardiness, not paying attention, etc. When such feedback is present in the MSPE, it is a source of concern for programs.

What to do? It is important to fully review your MSPE so that you can address any potentially negative feedback in your personal statement. The impact of this feedback on your application varies by the situation and your response to it, i.e. personal growth or improved communication. If negative comments are associated with a failed or repeated clerkship, a non-EM back-up plan should be strongly considered.

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. All programs report ‘rarely or never’ interviewing

candidates with a history of academic misconduct.³

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 restate your case in your personal statement, but in a specialty as competitive as EM it is unlikely you will be offered enough interviews to match. If you move forward with applying to EM, a non-EM backup strategy must also be pursued.

2. Misdemeanor or Felony history:

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. Approximately 70% of the programs 'rarely or never' interview candidates with legal trouble on their record, such as DUI or drug possession.³

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 section where applicants provide narrative comments regarding a misdemeanor or felony. If you accept responsibility, take ownership of your mistakes, and can demonstrate making conscious changes for the better, some Program Directors may look past this blemish. A non-EM backup plan should be considered.

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. Approximately 75% of the programs 'rarely or never' interview candidates with *unexplained* gaps in their CV.³

What to do? There can be good reasons that these gaps happen and you are better off proactively providing an explanation in your personal statement or MSPE. Do not hope that these omissions will 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

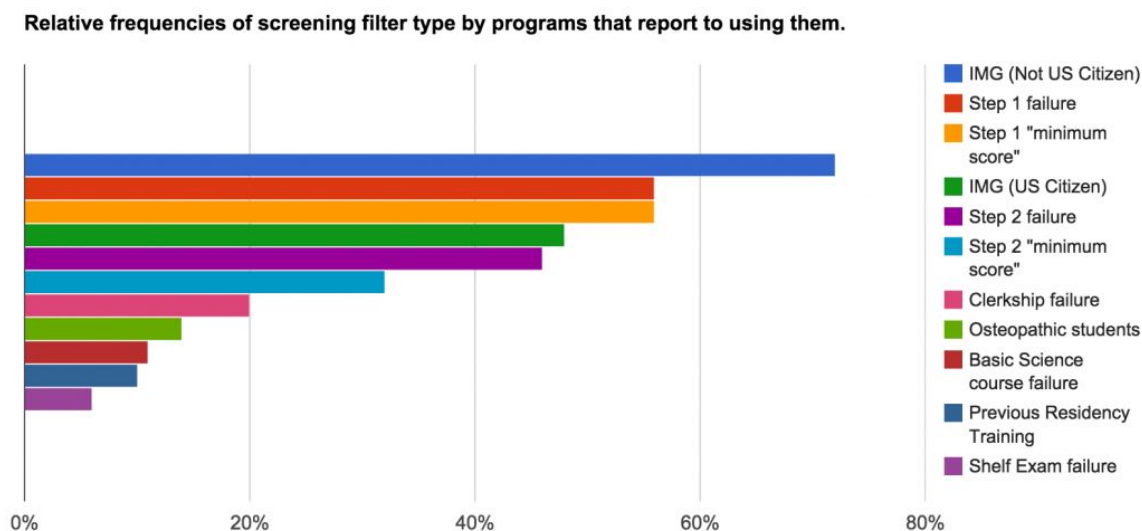
Address any “red flags” in your personal statement. This is the first place that someone reviewing your application is going to look for an explanation. If they do not find one, there is little incentive for them to go any further in considering you for an interview.

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 need to recognize 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.⁴

Figure 1. Relative frequencies of screening filter type by programs that report using them.



Resources such as [EMRA Match](#) can be helpful in determining which programs are likely to use some of these filters. Looking for programs who report considering applicants with Step 1 failures or who acknowledge using certain Step 1 cut-offs can help an applicant target applications to programs who are more likely to consider their application fully. For other red-flags, it is unpredictable how programs will react to them and these applicants are best served with a broader application strategy and early, proactive discussions with their advisor about a non-EM back-up plan.

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 “red flag” will go unnoticed by all of the experienced reviewers who will be looking at your application. In almost all cases, it is a good idea to use your personal statement to address any “red flag” and explain what you have learned and how you have grown from the associated experience. Early, proactive discussions with an advisor familiar with EM residency applications and non-EM parallel plan or backup plan is invariably a good idea. The need for parallel or backup planning depends on the “red flag” and on how effectively it can be addressed and/or mitigated. Using resources such as EMRA Match can help an applicant be strategic about targeting programs that are more likely to be open to considering their application.

References

1. Caffery T, Jones G, Musso M. Predicting Initial ABEM Board Passage Rates Using USMLE Scores. *West J Emerg Med.* 2016;17(4.1).
2. Harmouche E, Goyal N, Pinawin A, Nagarwala J, Bhat R. USMLE Scores Predict Success in ABEM Initial Certification: A Multicenter Study. *West J Emerg Med.* 2017 Apr;18(3):544-549
3. Council of Emergency Medicine Residency Directors Advising Students Committee in Emergency Medicine. (2018). [CORD ASC-EM Advising Addenda Study]. Unpublished raw data.
4. Jarou Z, Kellogg A. Diagnosing the Match: Trends in the Applicant Selection Process. *EM Resident.* 2018. (Accessed May 25, 2018 at <https://www.emra.org/emresident/article/diagnosing-the-match-trends-in-the-applicant-selection-process/>)