Advising Up
A Guide for Medical School Deans Regarding the Emergency Medicine Applicant

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on behalf of the CORD Advising Students Committee in EM (ASC-EM)

The Council of Residency Directors in EM (CORD) is the professional society for educators within Emergency Medicine. The Advising Students Committee in EM (ASC-EM) is a committee within CORD dedicated to pursuing scholarship and education regarding the medical student experience in applying to and successfully transitioning to a career in emergency medicine. In this guide, we will outline specialty-specific application advice for MS3 and MS4 students who plan to apply to Emergency Medicine.
MS3 advice: Planning
Away Rotations

- Recent ASC-EM survey data show that in EM, to secure a rotation spot, students should apply to 3-6 programs per desired away rotation.¹
- These rotations should be done at academic programs that can offer a Standardized Letter of Evaluation (SLOE).
- Most students should complete 2 EM rotations (one “home” and one “away”). Therefore, in order to obtain 1 “away” rotation, most students need to apply to between 3 and 6 rotations total.
- If a student does not have a “home” program, that student should complete 2 “away” rotations.
- If a student is less competitive (see explanation below), they should perform 2 “away” rotations, in addition to their “home” rotation, and should apply to 6-12 rotations total.
- Importantly, we advise against doing any more than 3 EM rotations total.
- In order to manage the cost and time commitment to these applications, it is important to focus on the fit of the applicant with the program and location.

- **EMRA Match for Clerkships**
- **SAEM Clerkship Directory**
  - EM programs across the country have begun to focus on holistic application review and applicant “fit” as opposed to unifocal indicators like board scores.
  - Fitness can be discerned by researching and communicating with programs.
  - In considering fitness, advisors should consider the candidate’s competitiveness, career goals, subspecialty interest, academic support needs, extra-curricular activities, lifestyle preferences, and other psychosocial determinants.
  - A candidate that applies to programs that are a good fit will be more efficient in obtaining an away rotation (or a residency interview, for that matter).

- Many EM programs participate in Visiting Students Learning Opportunities (VLSO) but a significant number do not, and students should look beyond this single application service in order not to limit themselves.
  - Whether a program participates in VSLO or not is an easy filter to apply in EMRA Match for Clerkships.
- Please note that applications for fourth year EM rotations are often accepted as early as March of the MS3 year, so EM applicants should be proactive about the timeline and requirements of the programs to which they plan to apply.
Getting documentation of immunization reports and vaccine titers is often the most time-consuming step, and we recommend getting this in order in January of MS3.

- Some fourth-year rotations begin as early as May and students should aim to complete at least one EM rotation before September.
  - At least one SLOE should be submitted with the initial ERAS application on 9/15.

What electives should a student take in the fourth year?

- All electives should emphasize the acute nature of the specialty and focus on acute presentations, or be completed based on student interest.
- Intensive Care rotations and Trauma rotations can offer helpful non-SLOE letters of recommendation
- Some programs offer subspecialty EM rotations in areas such as ultrasound, toxicology, wilderness medicine, and research
- Non-EM rotations that have high-yield content areas include: ophthalmology, orthopedics, sports medicine, ENT, dermatology, radiology, neurology (with focus on stroke and seizure care), cardiology, palliative care, wound management, and infectious disease.

Is Research/extracurricular involvement required?

- With rare exception on a program-by-program basis, research and extracurriculars are less emphasized in EM and should be pursued primarily driven by the interest of the student.
- Secondary gain includes making contacts and developing interests within emergency medicine.
- Extracurricular activities may also help convey the fitness of a program for an applicant (aligned research, training emphasis, or subspecialty interests).
- Opportunities include: EM Interest group membership, leadership, and event participation, EMS participation, and community volunteerism
- Students should join EM professional societies (membership includes many student benefits, including advising resources, and cost is typically nominal).

EM Clerkship Advice

Resources to succeed and shine on an EM rotation

- CDEM Curriculum: [https://www.saem.org/cdem/education/online-education/cdem]
● How to present in ED: (https://www.emra.org/students/advising-resources/patient-presentations/)

● Videos on how to present and how to consult: (https://www.saem.org/cdem/education/online-education/effective-consultation-in-emergency-medicine-video)

● Reading for your EM Rotation: (https://www.emra.org/students/advising-resources/reading-for-your-em-rotation/)

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**MS4 Application Process Specifics**

**The Standardized Letter of Evaluation (SLOE)**

EM puts an enormous weight on the letters of recommendation in the specialty. We have created a special letter called the Standardized Letter of Evaluation (SLOE). Program Directors consistently rate the SLOE and rotation grades as the most important factors when deciding which applicants to interview and rank.

A blank SLOE can be found [HERE](https://www.emra.org/students/advising-resources/standardized-letter-of-evaluation/):

The SLOE has 4 sections:

- **Background Information** describes the applicant and context of the rotation including grade distribution from the previous academic year.
- **Qualifications for EM** reflects attributes demonstrated on shifts and allows direct comparison to peers and predictions for success of the applicant if given the necessary guidance.
- **Global Assessment** offers where programs feel applicants fall compared to other emergency medicine residency candidates and anticipate where this student will fall on their own rank list based on a breakdown of the top 10%, top third, middle third, or bottom third.
- **Written Comments** solicits writers to reflect on attributes, such as self-motivation, altruism, attitude, maturity, compassion, etc. This part highlights areas that will require attention, addresses any low rankings from the SLOE, and mentions the applicant’s compelling positive attributes or characteristics.
  - It is highly recommended that medical students review the SLOE form before beginning their emergency medicine rotation to understand the characteristics by which they will be judged.

**How to weigh USMLE board scores and their influence**

- Competitiveness as determined by ASC-EM:
  - Marginal Competitiveness: < 200
  - Less Competitive: 200–219
  - Competitive: 220–239
  - Very Competitive: > 240
An ASC-EM survey of EM educators demonstrated that approximately half of programs will not consider an applicant who has failed USMLE Step 1.

- Whether a program considers applicants who have failed USMLE Step 1, or if they apply a Step 1 cut-off score, are filters that can be applied in EMRA Match.

Applicants who have a USMLE Step failure or low score in combination with a weaker overall application (lower 3rd year and/or EM clerkship grades, etc.) need a non-EM backup plan, though applicants with below-average USMLE scores in the setting of an otherwise competitive application do not.

USMLE Step 2CK is also important for EM applicants. If an applicant has a lower Step 1 score, showing marked improvement on Step 2CK can help reassure programs and allay any fears about the student’s test taking abilities.

- For applicants with a marginal or less competitive Step 1 score, they should plan to complete Step 2CK so the score is released by September 15.

ASC-EM recommends that osteopathic students take USMLE Steps 1 and 2CK in addition to COMLEX in order to maximize their competitiveness (this recommendation is addressed in greater detail in the Osteopathic Emergency Medicine Applying Guide).

- Historically allopathic program directors may be unwilling to accept only a COMLEX score or will look for a grossly higher COMLEX score than the equivalent USMLE score.

**MS4 advice: Application process**

The following will help gauge competitiveness and how this factor will affect advising strategy.

**Very Competitive/Low risk**

The application will have a SLOEs that strongly support a residency in EM and at least one of the following:

- USMLE Step 1: > 240
- USMLE Step 2 CK: > 260
- High Pass &/or Honors grades on 2 EM rotations
- Demonstrated commitment to EM in EM-related volunteer, research, or work projects.
- High Pass or Honors on clinical clerkships

How this affects your advising strategy:

- EM-specific advisor
- Apply strategically to 20 - 30 programs
Competitive/Average Risk

Most applicants fall into this category, and will have 2 or more of the following:

- USMLE Step 1: 220-239
- USMLE Step 2 CK: 240-259
- 2 SLOEs that support a residency in EM
- A combination of Pass and High Pass or Honors grades on 2 EM rotations
- A combination of Pass and High Pass or Honors grades on clinical clerkships
- Demonstrated commitment to EM in EM-related volunteer, research, or work projects

How this affects your advising strategy:

- EM-specific advisor
- Apply strategically to about 30-40 programs.

Less Competitive/Higher Risk

- USMLE Step 1: 200–219
- USMLE Step 2 CK: 211–239
- Fewer than 2 SLOEs supporting a residency in EM
- Passing grades on EM rotations or a combination of Pass and High Pass grades
- Passing grades on clinical clerkships or a combination of Pass and High Pass grades
- Limited exposure to EM through extra-curricular projects or interest groups

How this affects your advising strategy:

- EM-specific advisor
- Apply strategically to about 35–45 programs

Marginally Competitive/Very High Risk

An applicant with any one of these features is considered very high risk.

- USMLE Step 1: < 200
- USMLE Step 2 CK: < 211
- Only 1 EM rotation with no higher than a passing grade
- No SLOEs or a SLOE that is not supportive
- Little or no exposure to EM in extracurricular projects or interest groups
● Presence of a red flag: academic struggle (failed Step 1 or Step 2 CK, failure of a preclinical course or clerkship), gaps in medical education or CV, professionalism issues, academic misconduct, criminal convictions

How this affects your advising strategy:
With the exception of well-explained gaps in training or CV and well-remediated remote convictions, these candidates may not be suitable for EM. Consider advising these students to apply to a different specialty (See the At-Risk Applicants’ Emergency Medicine Applying Guide)

○ Simultaneously applying to both EM and a different specialty type or preliminary year as a back-up can also be done.
  ■ Doing a preliminary year at a program with an EM residency is more important than which type of preliminary year a student does (although anecdotally, surgical prelim years can be more challenging for scheduling EM rotations and interviews than medical or transitional programs)
  ● A preliminary position at an institution with an EM program gives ready access to EM advising and potentially additional EM exposure and letters of recommendation

○ Be forthcoming with the student about the realities of re-applying--data are pretty stark on the success rate of matching into emergency medicine as a reapplicant. (See the Emergency Medicine Re-Applicant Applying Guide)
  ■ Also be advised that by using up a year of GME funding in a preliminary year, they may be less attractive to 4 year EM programs who may not receive funding for a year of training for that applicant

Number of applications
While these competitiveness recommendations capture application targets in broad strokes (summarized in table 8.1), we recommend that applicants talk with EM advisors about how many programs to apply to based on their competitiveness as well as how to strategically target their applications to programs likely to be a good “fit.”
As demonstrated in the figure below, the AAMC Apply Smart estimates that for those students with a Step 1 > 238 they should apply to approximately 23 programs, while those with Step 1 221-237 should apply to approximately 23 programs and those with Step 1< 220 should apply to 32 programs. In addition to application numbers, application efficiency is improved by applying to programs which are a good fit for a candidate.

○ Note that these recommendations are considerably lower than the current average number of applications per applicant to EM (57.7 according to AAMC’s 2019 data).
Applying strategically, rather than in larger numbers, will have a better return on investment.

**Point of Diminishing Returns for Entering an Emergency Medicine Residency Program for U.S. MD Applicants**

![Image of graph showing point of diminishing returns]

1. Number of Applicants = 11,036; this analysis included U.S. MD Applicants only.
2. The point of diminishing returns is the point at which the value added by submitting one additional application is reduced relative to the value added by each application before reaching the point of diminishing returns. The addition of one application beyond this point results in a lower rate of return on an applicant's likelihood of entering a residency program.
3. The point of diminishing returns is an estimate and is not perfectly precise. Therefore, confidence bands around the point of diminishing returns are provided. The lower and upper bounds of each confidence band are shown (a) below the point of diminishing returns in the circle and (b) by the shading around the vertical lines. The width of the confidence band describes the precision of the estimate, with wider bands indicating less precision.


**Figure 1. Point of diminishing returns from AAMC’s Apply Smart³**

**TABLE 8.1. Recommendations Based on Competitiveness**

<table>
<thead>
<tr>
<th>Applicant Competitiveness</th>
<th>Step 1</th>
<th>Step 2</th>
<th>SLOEs</th>
<th>EM Grades*</th>
<th>Other Characteristics</th>
<th>Recommendations</th>
</tr>
</thead>
<tbody>
<tr>
<td>Marginally Competitive</td>
<td>&lt;200</td>
<td>&lt;211</td>
<td>None/Not supportive</td>
<td>Pass</td>
<td>Presence of red flags</td>
<td>Pursue an alternate or parallel plan</td>
</tr>
<tr>
<td>Less Competitive</td>
<td>200–219</td>
<td>211–239</td>
<td>1 supportive</td>
<td>Pass/HP</td>
<td>Limited EM exposure</td>
<td>35-45 applications</td>
</tr>
<tr>
<td>Competitive</td>
<td>220–239</td>
<td>240–259</td>
<td>2 supportive</td>
<td>Pass/HP/H</td>
<td>Commitment to EM-related activities</td>
<td>20-30 applications</td>
</tr>
<tr>
<td>Very Competitive</td>
<td>&gt;240</td>
<td>&gt;260</td>
<td>2 strongly supportive</td>
<td>HP/H</td>
<td>Commitment to EM-related activities</td>
<td>15-25 applications</td>
</tr>
</tbody>
</table>

**Additional Application Elements**

**How to develop personal statements**

- A survey of EM residency directors showed the most influential components of residency applications are SLOEs, EM evaluations/grades, residency interviews,
and clinical clerkship grades. The personal statement ranked below all of these components in importance.\(^5\)

- It is unlikely that a good personal statement will make up for a poor overall application.
- Applicants who have red flags (extended medical school training, unexplained gaps in the CV, academic struggles such as USMLE or course failure, prior history of felony or misdemeanor) should use the personal statement to address these issues. It is better to address these issues proactively than to hope they go unnoticed by reviewers.
  - If a reviewer comes across one of these issues and it is not addressed in the personal statement, there is little incentive for them to consider the application further.
- The personal statement may also be a good place to explain a “latecomer” to EM.

**How to stratify programs for application success**

- We recommend EMRA Match
- SAEM Residency Directory
- Residency Explorer
- EM Specific Advisors are key resources
- We recommend against Doximity and studentdoctor.net

Where to find advice (documents, organizations, websites)

- CORD EMRA advising guide
- CORD ASC-EM website
- CDEM Curriculum
- EMRA Advising Resources
- EMAdvisor Blog
- Podcasts
- CORD advising at a distance -especially if you don’t have EM at your medical school/hospital

ASC-EM also offers an **Advising Consult Service** which serves as a resource for advisors who have questions about advising students applying in emergency medicine.

This active consult service serves to answer specific questions related to advising individual students, advising non-traditional students or student groups, and general advising concerns.

**Advisors may submit their questions by completing the** [Advisor Consult Request Form](#)
All advising consult conversations will remain confidential and will receive a response within a week.

Please note, this is a service for advisors, and cannot currently accommodate questions directly from students.

**We have cited NRMP Charting Outcomes in multiple chapters, along with AAMC resources. NRMP, AAMC, and the authors have attempted to produce unbiased and, where available, evidence-based information and advice regarding matching and competitiveness. However, there are no perfect studies available to give us the best evidence. We have used the best information available, and caveats are present. In this guide, we reference matched and unmatched candidates; it should be noted that a matched candidate indicates a candidate who matched into a preferred specialty. An unmatched candidate did not match into the preferred specialty, but did not necessarily not match into residency at all.**

References:

1. Council of Emergency Medicine Residency Directors Advising Students Committee In Emergency Medicine, 2019. [CORD ASC-EM Securing an away rotation in emergency medicine: a survey on the applicant experience and perspective].