

Advising the Bottom Third

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Student #1

Student #1 comes to you for advice late in his third year. He reports that EM is his calling and wants to discuss 4th year planning. You find that he failed Step 1 on his first two attempts, but passed on the third attempt. Additionally, he reports that he had to repeat his second year due to failure of three courses. What advice do you give him? What interventions can you perform?

Student #2

Student #2 comes to you for advice late in his third year. He wants to do EM. He reports that he received mostly A's in his first two years of medical school, but has received mostly B's and C's on his clinic rotations. He performed a third year selective in your department and his evaluations noted that he seemed to struggle more than normal with clinical reasoning and presentations. It was also noted that he seemed to have some odd mannerisms. What advice do you give him? What interventions can you perform?

Student #3

Student #3 has been a solidly average to slightly above-average student throughout medical school, but struggled somewhat in EM rotations, perhaps due to being somewhat introverted. He has 2 SLOEs, both with ranks in the middle third. He has a great personality and you believe will make a strong EM resident, even if he may need somewhat "more guidance" than most. He comes to you in late October stating nervousness because he only has 6 interviews lined up. What advice do you give him? What interventions can you perform?

Student #4

Student #4 is an otherwise very strong student who took an extended break between 3rd and 4th year to enter alcohol rehab program. He never showed up to work under the influence and went into treatment at his own desire. Has been sober a full year and can speak very articulately about his struggles and plan for maintaining sobriety during stress of residency. MSPE will mention break from studies for "medical treatment". What advice do you give him? What interventions can you perform?

RED FLAGS

- 1) Academics
 - a) Poor/failing step 1
 - b) "C" or "F" grades in pre-clinical courses
 - c) Had to repeat a year
 - d) Poor testing on NBME shelf exams, step 2
- 2) Clinical skills
 - a) Lackluster clerkship grades
 - b) Lower $\frac{1}{3}$ performance on EM clerkship
- 3) Personality/interview
 - a) Introvert
 - b) Cocky/slick
 - c) Odd mannerisms/behaviors
- 4) Professionalism
 - a) Notation on MSPE of unprofessional behavior
 - b) Alcoholism/addiction

INTERVENTIONS

- 1) Practice shifts prior to clerkships
- 2) Extensive interview practice
- 3) SLOE writing that balances accuracy and advocacy
- 4) Apply to many programs
- 5) Back-up specialty vs counsel out of EM
- 6) Local advocacy to PDs