



## **The Osteopathic Emergency Medicine Applying Guide**

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<https://www.pexels.com>

**This applying guide is intended for the osteopathic medical student seeking to pursue a successful match in the ACGME system.**

## Background & Overview

Historically, there have been two paths for the osteopathic student (DO) pursuing Emergency Medicine (EM)—applying to osteopathic-affiliated residency programs under the American Osteopathic Association (AOA) or to allopathic-affiliated residency programs under the Accreditation Council for Graduate Medical Education (ACGME), otherwise known as the National Resident Matching Program (NRMP). As of June 2020, the AOA, and American Association of Colleges of Osteopathic Medicine (AACOM) joined under the umbrella of ACGME to form a single graduate medical education accreditation system. Programs can still elect to pursue special “Osteopathic Recognition” through the ACGME, which signifies the program’s continued commitment to maintaining an osteopathic-focused learning environment. This may include, but not be limited to, integrated osteopathic principles into clinical rounds, dedicated osteopathic manipulation conference, and dedicated rotations focusing on core osteopathic principles. Allopathic graduates can be accepted into these specially designated programs, but there may be some pre-matriculation requirements. At the time of publication of this guide, 5 ACGME accredited programs have obtained [Osteopathic Recognition](#). More information regarding Osteopathic Recognition and its requirements for programs can be found on the [ACGME website](#).

### What are the chances?

In the 2020 match, there were 2652 EM positions available with 65% filled by allopathic graduates. Approximately 26% of ACGME EM positions went to osteopathic students (Table 1).<sup>1</sup> Even with the unprecedented 2022 Match, this number remained steady at 25.8%.<sup>2</sup>

**Table 1:** Percentage of Osteopathic Students Matching in Emergency Medicine<sup>1</sup>

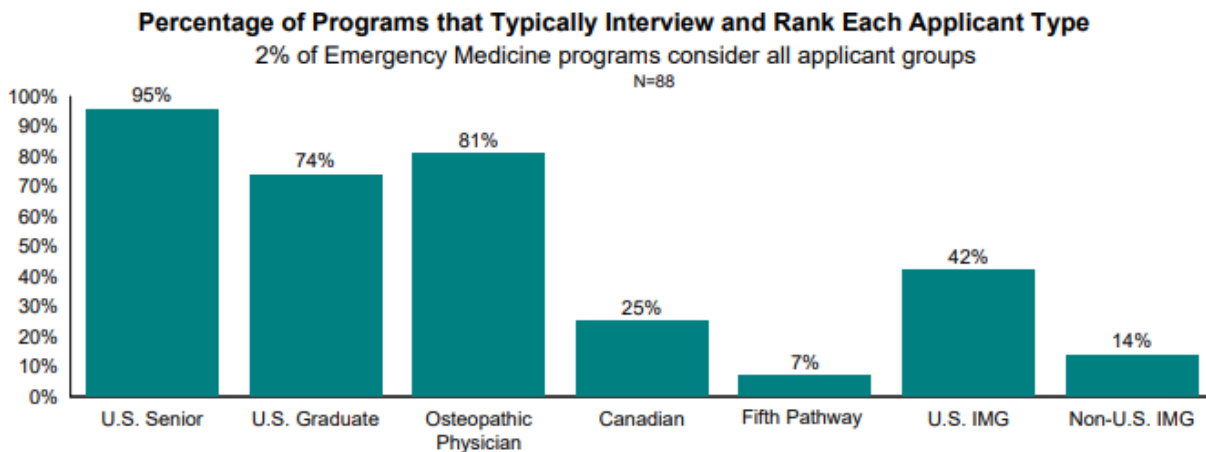
Specialty	2020		2019		2018		2017		2016	
	No.	%	No.	%	No.	%	No.	%	No.	%
▲ Emergency Medicine	683	11.4	618	12.8	457	12.6	267	9.4	210	9.1

Despite the competitive nature of applying to EM residency programs as an osteopathic medical student, the number of osteopathic graduates matching in EM through the NRMP Match has been very stable over time and over the last few years has actually been increasing, likely reflecting the transition of AOA programs to ACGME accreditation (Figure 1).<sup>1</sup> Continuing this trend, there were 753 osteopathic seniors who matched into EM in 2022.<sup>2</sup>

## What are the obstacles in applying?

To maximize your chances of a successful match, it is imperative to have a strong application. A big obstacle to an osteopathic student's application to the ACGME system is perceived competitiveness. The issue of bias against DO students in the selection process is very real. In the 2018 NRMP Program Directors (PD) survey, only 81% of traditionally allopathic programs responded that they would interview and rank DO students.<sup>3</sup> The motivations behind this inequity can be rooted at the personal, departmental, or even institutional level, but regardless, it effectively narrows the pool of programs available to apply to overall (Figure 1).<sup>3</sup> There is no 'official list' of programs who have historically been less open to DO applicants, so it will take some legwork in order to best create your application list (see below for more information).

**Figure 1.** Percentage of Programs that Typically Interview and Rank Each Applicant Type<sup>3</sup>



A successful match will require planning. To maximize your chances of a successful match you should plan to take USMLE Step 2CK and have two EM rotations scheduled early in the fourth year, preferably before September, in order to have Standard Letters of Evaluation (SLOEs) submitted to the Electronic Resident Application Service (ERAS) as soon as possible. A quick scan of Emergency Medicine Residents' Association (EMRA) [Match for Clerkships](#) shows that 86% of clerkships (n=165) report that they accept DO students.<sup>4</sup>

[EMRA Clerkships](#) is an excellent resource to help you research rotations and identify those that accept DO students.

## Maximizing Your Application

*\*Check out the [Osteopathic Medical Student Planner](#) for specific recommendations by year of your medical school training.\**

To even the playing field, you need to make yourself as competitive as possible to allow programs to compare you with your allopathic peers. It is also important to avoid any “red flags” on your application that would diminish your chances of matching. These include: failing classes, failing or scoring low on COMLEX or USMLE examinations, felonies, professionalism issues, and unexplained gaps in training. If you do have any of these “red flags,” it will make it very difficult for you to match in EM. Please refer to the [At-risk Applicant Applying Guide](#) for additional information and ways to address these issues.

If possible, make sure to be actively involved in your school’s Emergency Medicine Interest Group (EMIG) and find a mentor! A good mentor can be critical--ideally an EM faculty advisor who is involved with an EM residency and is familiar with all the recent updates and intricacies of the application process. These faculty members are able to give the most up to date and highest quality advice. They can give you feedback on your application and help you figure out how many places to apply as well as strategic guidance as to where to apply. Identifying a mentor may be challenging as an osteopathic applicant, particularly if you are at an institution which is not affiliated with a home EM residency program. A recent study of EM residents showed that while 70% of allopathic institutions have designated EM faculty mentors, only 20% of osteopathic institutions offered EM faculty mentors to their students.<sup>5</sup>

If your school isn’t affiliated with a training program or if it lacks EM faculty for advising, consider joining EMRA, SAEM, or other professional organizations. If you do not have access to any advisors at an EM residency program, you can email [distanceadvising@cordjobboard.com](mailto:distanceadvising@cordjobboard.com) to be connected with an advisor from an EM residency program involved in CORD’s ASCEM community. Through EMRA’s Medical Student Council, you can be paired with a resident mentor. Students can also participate in large-group virtual advising sessions through EMRA Hangouts. Other options for EM application and career guidance include:

- Get involved with your school's chapter of American College of Osteopathic Emergency Physicians (ACOEPE) student section and/or the ACOEPE Resident Student Organization (RSO). They also offer a mentoring program, regional symposiums, and numerous residency fairs at national meetings.
- Attend a regional or national EM conference; many have advising forums and/or the opportunity to network with program faculty. American College of Emergency Physicians (ACEP) in the Fall and Society for Academic Emergency Medicine (SAEM) in the Spring both offer residency fairs.

- Ask your upperclassmen how/when/where they found a mentor. Also, query their personal experiences and listen to their recommendations. Someone who has just completed the process can have invaluable information.
- Reach out to a program you're interested in to see if they have faculty that will advise you. Faculty mentors are often available during your out-of-town rotations; consider asking one of their residency leaders for advising.

In planning to maximize your EM application, the three areas that are most critical are - board scores, EM rotation performance, and standardized letters of evaluation (SLOEs):

### 1. **Board Scores:**

Historically, ACGME residency directors were less apt to accept only a COMLEX score, or would look for a grossly higher COMLEX score than the equivalent USMLE score. There is no accurate conversion to translate a COMLEX score to a USMLE score although the NBOME does offer a [percentile score calculator](#) for converting the 3-digit COMLEX step score to a percentile.<sup>7-9</sup> A recent survey of program leadership administered by CORD's Advising Students Committee in EM (ASC-EM) showed that while 90.3% of program leadership surveyed (N=104) will consider osteopathic applications, only half of them would extend an interview to an applicant who had not taken either step of the USMLE. When a candidate submitted both USMLE and COMLEX scores, only 15% (n=88) heavily weighted the COMLEX, while 26% gave it a slight weight, 27% did not weigh it at all, and 31% would only weigh the COMLEX score if it was listed as a failure.<sup>10</sup> With both USMLE Step 1 and COMLEX Level 1 transitioning to pass/fail, the weight afforded to the COMLEX exam is unlikely to increase.

As an osteopathic medical student you are required to take COMLEX Level 1, 2CE/PE, and Level 3 for licensure. The USMLE will not assist you with licensure; it merely will serve as a tool for Program Directors to compare you. If taking the USMLE, you will not be required to complete all of the steps, but you can take them independent of one another (i.e. can take Step 1 without 2, and vice versa).

In previous years, we had recommended that osteopathic students strongly consider taking the USMLE Step 1 in order to allow programs to compare them with their allopathic peers and gain access to an increased number of clerkship opportunities. With the transition to pass/fail for this exam, our recommendations are shifting. We do not yet have data to fully describe how program directors are going to adjust their application review approach to the qualitative Step 1/Level 1 transition, but early hypotheses suspect that many will place an increased emphasis on quantitative USMLE Step 2 scores. Therefore, we recommend that osteopathic applicants strongly consider taking the USMLE Step 2 CK exam in addition to the required COMLEX exams; students who do so are more likely to match.<sup>11</sup> It is not clear if clerkships will continue to require USMLE Step 1 scores for consideration for rotations. The most conservative approach would be to take both Step 1 and Step 2 CK, but If you are only able

to take one of the two USMLE exams, taking Step 2 will likely afford you the most advantage in being considered for an interview at residency programs who consider DO applications.

While the USMLE and COMLEX exams are similar, it is imperative that you study specifically for the USMLE and are scoring above the national average on practice exams before actually sitting for the exam to maximize your score. A good score will increase your chances of matching. A failure of USMLE Step 1, STEP 2 CK, or COMLEX Level 1 or 2 will require retaking and demonstrating a passing score as soon as possible as well as strong consideration of a parallel application to another, traditionally less competitive specialty.

- 2. Rotations:** You will want to rotate as early as possible in your fourth year in order to have at least one, and ideally two, Standard Letter of Evaluation (SLOE) available when the Electronic Residency Application Service (ERAS) opens. You will be side by side with your allopathic peers on these rotations and will demonstrate your performance in an academic setting similar to the residencies to which you will be applying. Ongoing guidance from the CORD community recommends two rotations for the majority of applicants--one home and one away if a home rotation is available, and two away rotations if no home program exists.<sup>12</sup> These recommendations stipulate that there are circumstances in which a third rotation can be appropriate, and there are data that for students who do not have access to a home program, they may continue to show improvement on a third rotation SLOE.<sup>13</sup> Two rotations are still recommended, three can be considered, but more than three may be ill-advised given the current climate.

Note that many academic programs use the [Visiting Student Learning Opportunities Service \(VSLO\)](#) for audition rotations, and start accepting applications as early as February or March. Keep your eye out for any program-specific dates and application requirements. For example, programs may require a USMLE score report, a CV, or a brief personal statement. Of note, many institutions require proof of vaccinations. Programs typically use audition rotations as a recruitment tool as much as you will use it to explore the program.

You can utilize [EMRA Clerkships](#) as a resource to find programs who willingly accept DO students into their clerkships.

- 3. Letters of Recommendation:** The letters of recommendation that carry the most weight are going to be in the SLOE (Standardized Letter of Evaluation) format and come from residency program leadership. You should aim to get SLOEs from academic residencies, preferably group SLOEs written by the educational teams where you rotate. These letters carry more weight than traditional letters of recommendation because they provide context for direct

comparison of you to your EM-bound peers by people integral to the EM match process. These standard letters are one of the most frequent omissions from osteopathic applications, and one of the most highly valued aspects of the EM application process to PDs,<sup>4</sup> making it difficult to accurately compare osteopathic applicants to the rest of the applicant pool.

While community EM months can be great learning experiences and expose you to how the majority of EM physicians practice, they will not significantly assist your application to an ACGME EM residency. A letter of recommendation, or even a SLOE written by a doctor at a community ED is not the same thing as one from an ACGME program and will likely not be counted as equivalent. If your school requires a community EM experience, you will have to do extra clerkships in EM, and in some instances, even forgo credit to gain opportunity and advancement in your application.

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## How many programs should I apply to?

Depending on the strength of your overall application (board scores, EM clerkship performance, SLOEs, etc), consensus from the recent ASCEM survey is that the typical DO applicant should consider applying to somewhere between 31-40 realistic programs in order to obtain ~12-14 interviews to have a strong chance of a successful match.<sup>10</sup> This number may also need to take into account region of the country if you plan to target a particular geographic area.

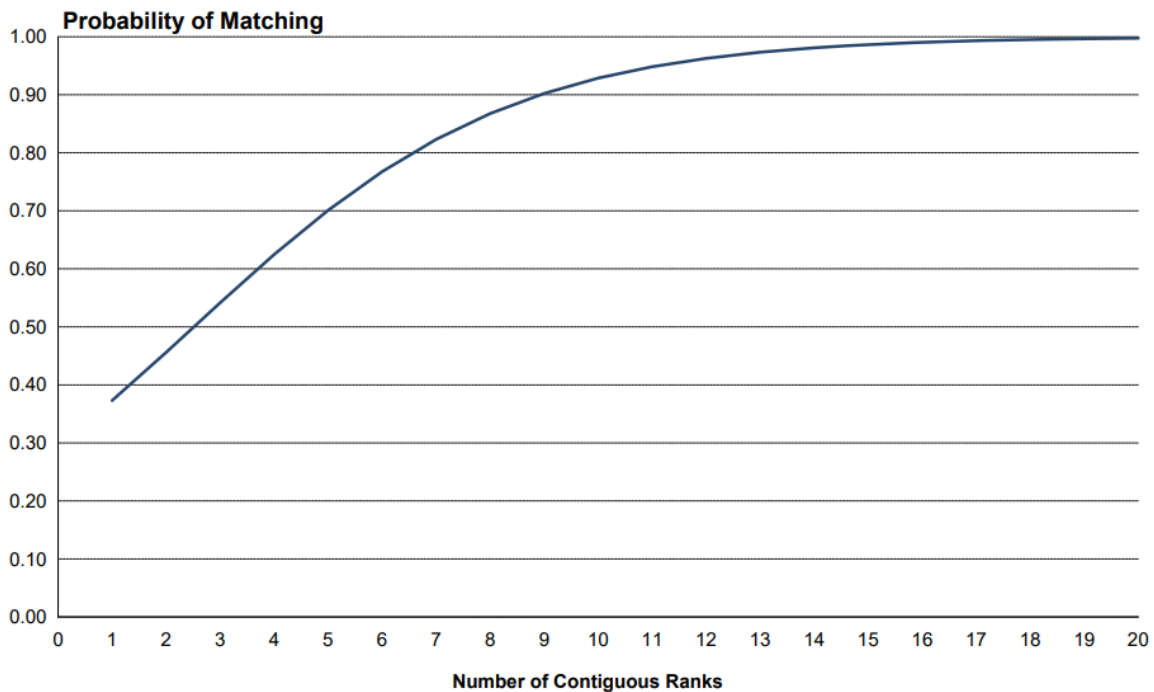
The “numbers question” truly requires an individualized answer from an advisor familiar with the EM application process who can help you assess how competitive an applicant you are. For a less competitive applicant it is important to have a frank discussion about a parallel application plan. Again, we recommend referring to the [At-risk Applicant Applying Guide](#) for additional information for identifying and strategizing when such an approach may be recommended.

Data show that applicants who ranked 9 programs had a ~90% match rate in EM. Those with 11 or more programs pushed that match rate up to 95-99% (Figure 2).<sup>6</sup> There are diminishing returns beyond 12 or so ranks, which is where the recommendation to limit interviews to 12-14 is rooted.

**Figure 2.** Probability of U.S. Osteopathic Medical Students/Graduates Matching to Preferred Specialty by Number of Contiguous Ranks<sup>4</sup>

Graph  
EM-1

Probability of U.S. Osteopathic Seniors Matching to Preferred Specialty by Number of Contiguous Ranks  
*Emergency Medicine*



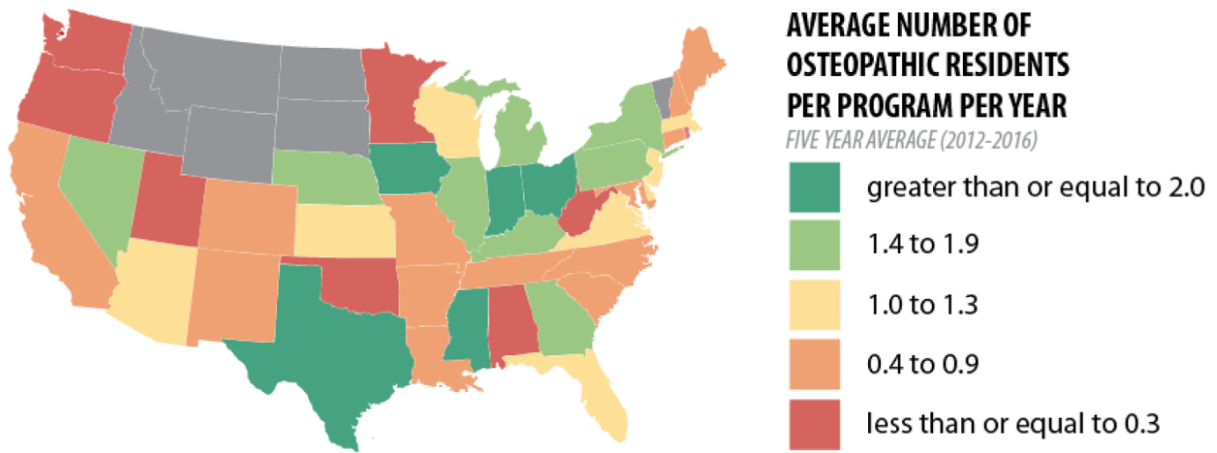
### Which programs should I apply to?

One common strategy to identify programs that accept DO applicants is to look at the composition of the current residency classes at an institution—if they have DOs, especially if they have matched someone from your school, they will likely consider your application. If they have no DOs, you need to be realistic about the likelihood of an interview, however it is still worth the application if you truly are interested in the program. In this instance, you may not want to count this program in the overall number of places you are applying to. In other words, apply to 31-40 programs which you think you have a high likelihood of getting into and which commonly accept DO students. Once again, reach out to an advisor if you are unsure about your competitiveness, if you think there might be red flags in your application, or if you have questions about your overall strategy.

Osteopathic students may benefit from focusing on geographical areas which have historically matched higher percentages of osteopathic applicants. Between the years 2012 and 2016, Indiana, Iowa, Mississippi, Ohio, and Texas matched the most osteopathic students per ACGME residency program per year (Figure 3).<sup>11</sup>



**Figure 3.** A Geographical Representation of Average Number of Osteopathic Residents Per Program Per Year<sup>9</sup>



In terms of raw numbers, on average New York, Pennsylvania, Texas, Ohio, and Michigan tend to accept the most osteopathic students into ACGME programs each year (Table 2).<sup>11</sup>

**Table 2.** Average Number of DO Residents in ACGME Programs by State

State	2012	2013	2014	2015	2016	Average Number of DO Residents Matched into ACGME Programs	Number of ACGME Programs (as of 2015)
New York	30	23	26	42	43	32.8	21
Pennsylvania	27	24	18	18	22	21.8	12
Texas	21	19	21	24	17	20.4	9
Ohio	15	18	23	17	21	18.8	9
Michigan	13	11	15	19	19	15.4	11
Illinois	11	13	9	9	17	11.8	8
New Jersey	4	9	10	7	9	7.8	7
California	2	4	8	9	10	6.6	14
Florida	5	10	5	6	7	6.6	5
Massachusetts	4	5	9	7	6	6.2	5

[EMRA Match](#) can be used to sort programs by the percentage of DO residents in training at individual locations. Be aware that just because a program has few or no DOs does not mean they are closed to receiving your application, it just means that you should be cautiously realistic about your overall chances of receiving an interview when putting together your overall program list.

With the addition of program signals via the ERAS supplemental application for the 2022-2023 application cycle, applicants will get the chance to send virtual tokens to programs they are particularly interested in applying to. As this is a new process for both applicants and programs, there are no data to inform specific advice, but it stands to reason that for programs that are less apt to consider osteopathic applicants, receiving a signal from a DO applicant may be unlikely to change their mind (recall, the reluctance may be at a departmental or even institutional level). This does not mean you cannot use a signal at such a program, but again, be reasonably realistic at the likelihood this signal will turn into an interview invitation and probably more wise to target programs with a track record of matching DO applicants.

Be aware also that some programs who give consideration to both DO and MD students may rank academically equal MDs above DOs. Not surprisingly, to be successful in matching you need to stand out as a candidate and be strategic in planning your application.

### **What are some tools and resources that can help me?**

There are a lot of great resources out there. Here are a few of the high-quality ones:

- [EMRA Match](#)
- [EMRA Clerkships](#)
- [CDEM Curriculum](#)
- [EMRA Hangouts](#)

### **Key Points**

1. With the transition of USMLE Step 1 and COMLEX Level 1 to pass/fail, taking the USMLE Step 2 CK will allow your knowledge base to be compared with your allopathic peers and is likely to increase your chances of getting residency interviews.
2. Aim to complete two EM clerkships and get two SLOEs for your residency application. It may be reasonable to complete a third clerkship if you do not have access to a home rotation.
3. Be strategic with your application and use your resources. Do some legwork to identify programs that are open to interviewing and matching osteopathic candidates.

4. Find an advisor early who is familiar with the EM application process to discuss your application, help gauge your competitiveness, and come up with a back-up plan if needed.

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