



Advising Up

A Guide for Medical School Deans Regarding the Emergency Medicine Applicant

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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

- Prior 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 who can offer a Standardized Letter of Evaluation (SLOE), though additional subspecialty and community sites may offer alternative SLOEs.
- 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. Some data indicate a decline in student performance on the third EM rotation.
- 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
- The following resources are recommended for student use in selecting rotations:
 - [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)
- Many EM programs participate in Visiting Students Learning Opportunities ([VSLO](#)) 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 January 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.

What electives should a student take in 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?

- Research and extracurriculars are not considered critical in EM and should be pursued only based on demonstrated student interest. Rare, program-specific exceptions may be present.
 - With the diminished influence of USMLE Step 1 in the residency selection process, some programs may look towards research as a surrogate for a lack of USMLE Step 1 scores. The truth of this remains to be seen.

- Secondary gains include making contacts and developing interests within emergency medicine.
 - Extracurricular activities may 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).
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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.

Information related to the SLOE can be found [HERE](#):

The SLOE has 4 sections:

- Demographic Information describes the context of the rotation including author contributions, student assessment methods, author roles, timing of the rotation, grade distribution from the previous academic year
- Evaluation of Student Part A reflects attributes demonstrated on EM shifts with regard to clinical skills (e.g. obtaining a history) and allows direct comparison to peers and predictions for success of the applicant if given the necessary guidance

- Evaluation of Student Part B reflects attributes demonstrated on EM shifts as well as professional behaviors (e.g. punctuality, compassion) and allows direct comparison to peers and predictions for success of the applicant if given the necessary guidance
- Evaluation of Student Part C reflects author reflection on the above attributes to provide an assessment of the likelihood of success in an Emergency Medicine Residency Program.
- Written Comments solicits writers to reflect on the attributes above. 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^{2,3}

This strategy will change once USMLE Step 1 becomes Pass/Fail.

- 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 1¹
 - 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](#)).

- Some ACGME residency 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 will affect advising strategy.

Very Competitive/Low risk

The application will have 2 or more of the following components:

- USMLE Step 1: > 240
- USMLE Step 2 CK: > 260
- 2 SLOEs that strongly support a residency in EM (***For the 22/23 application cycle 1 SLOE is expected but 2 is recommended***).
- High Pass &/or Honors grades on EM rotations (***For the 22/23 application cycle 1 EM rotation is expected but 2 is recommended***)
- Demonstrated commitment to EM in EM-related volunteer, research, or work projects.

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 (***For the 22/23 application cycle 1 SLOE is expected but 2 is recommended***).
- A combination of Pass and High Pass or Honors grades on EM rotations
- 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 (**For the 22/23 application cycle 1 SLOE is expected but 2 is recommended**).
- Passing grades on EM rotations 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 (**For the 22/23 application cycle non-SLOE Letters will have more weight than in other years**)
- 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 an option.
 - 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

It is critical to advise students that the overall number of programs applied to is not by itself the best predictor of success in matching. Rather the applicant's fit for the program is a better predictor.

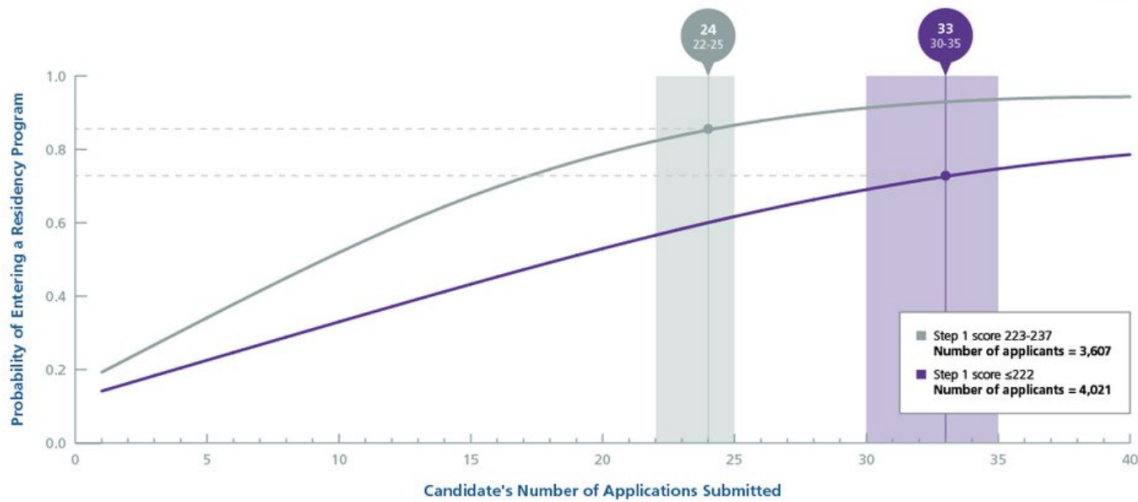
While these competitiveness recommendations capture application targets in broad strokes (summarized in table 8.1 below from the EMRA/CORD Student Advising Guide), we recommend that applicants talk with EM advisors about how many programs to apply to based on their competitiveness as well as how to strategically target their applications to programs likely to be a good "fit."²

As demonstrated in the figure below, the [AAMC Apply Smart](#) data estimates that for those students with a Step 1 > 223 should apply to approximately 24 programs and those with Step 1 < 220 should apply to 33 programs.⁵ 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 (55.6 according to [AAMC's 2020](#) data).⁴

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 (2013-2018)



1. Number of applicants = 11,410; 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.
- Source: AAMC Data Warehouse: ERAS® file, accessed on Feb. 24, 2020.

Figure 1. Point of diminishing returns from AAMC's Apply Smart⁵

TABLE 8.1. Recommendations Based on Competitiveness

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

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.⁶

- 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 that 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](#)
- 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
- EMRA Recommended [Podcasts](#) and Blogs
- CORD advising at a distance -especially if you don't have EM at your medical school/hospital, ASC-EM offers an Advising Consult Service (see below)

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].
2. Emergency Medicine Residents Association and Council of Emergency Medicine Residency Directors (EMRA and CORD) Student Advising Guide. 2019. Accessed on October 1, 2019 at (<https://www.emra.org/books/msadvisingguide/msag/>)
3. Charting Outcomes in the Match: U.S. Allopathic Seniors. Washington, DC: NRMP Data Release and Research Committee, July 2018. (Accessed on October 1, 2019 at <http://www.nrmp.org/wp-content/uploads/2018/06/Charting-Outcomes-in-the-Match-2018-Seniors.pdf>)
4. ERAS Statistics. Preliminary Data 2020 Residency Match. (Accesses on May 28, 2020 at <https://www.aamc.org/eras-statistics-2019>)
5. AAMC Apply Smart Data. (Accessed on May 28, 2020 at https://aamc-orange.global.ssl.fastly.net/production/media/filer_public_public_thumbnails/filer_public/68/1e/681eaa14-6d36-4fe6-a5e4-7d94c7ba9dd4/aamc-2019-diminishing-return-s-md-emergency-medicine.png_1200x700_q85_crop_subsampling-2_upscale.jpg)
6. Results of the 2018 NRMP Program Director Survey. Washington, DC: NRMP Data Release and Research Committee, June 2018. (Accessed on May 28, 2020 at <https://mk0nrmp3oyqui6wqfm.kinstacdn.com/wp-content/uploads/2018/07/NRMP-2018-Program-Director-Survey-for-WWW.pdf>)