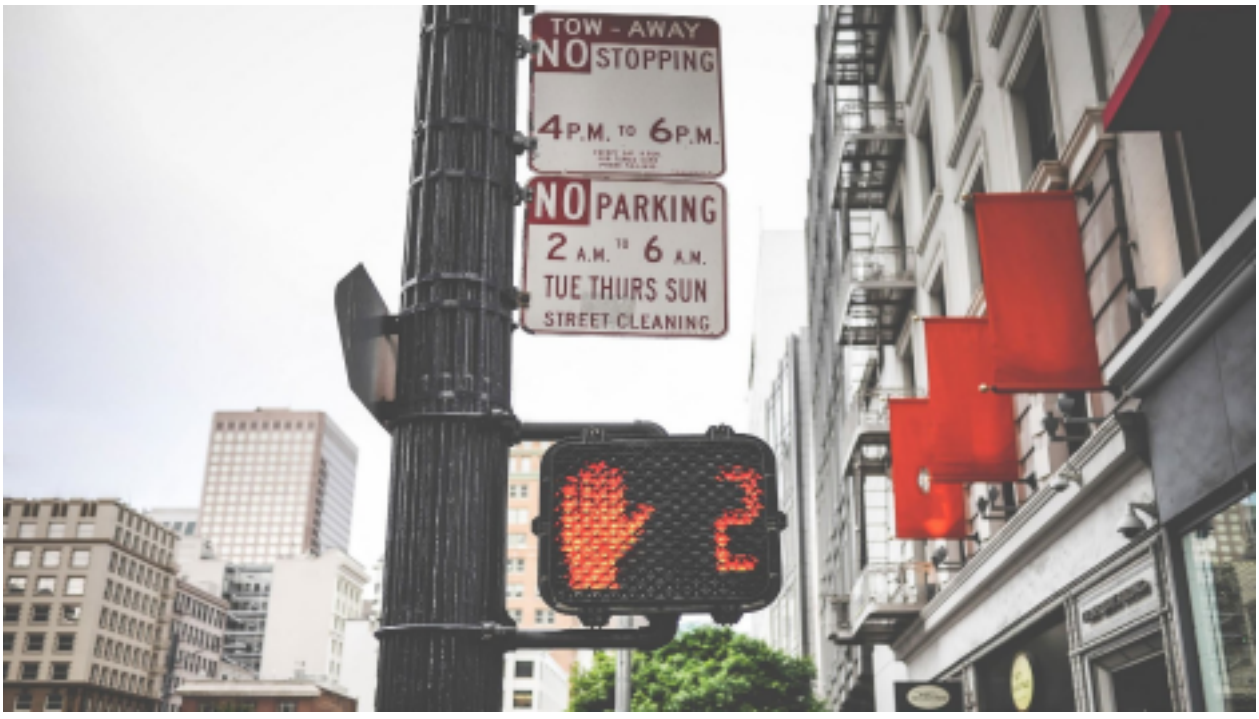
ADVISING STUDENTS COMMITTEE in EM

“At-Risk” Applicants’ Emergency Medicine Applying Guide



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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.

General Overview

Predicting which applicants are unlikely 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/her/their 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 which might raise concerns about an applicant.

Knowing if you are an applicant who will raise red flags in the mind of a program director (PD) is really important for planning your application strategy. If you do have one or more of these warning signs, you are at risk of not matching in EM. You will need to do everything you can to minimize the impact on your application and be proactive about considering a non-EM backup application strategy. Historically, securing an EM training position after an unsuccessful match was very unlikely; the specialty had an approximately 0.5% rate of unfilled positions year over year. However, it is important to note that in the 2021-2022 Match, the percentage of unfilled positions jumped to 7.5%.[1] Most would consider this an atypical year, but with ongoing uncertainty regarding the COVID pandemic's effects on training, the transitioning of the first USMLE and COMLEX assessments to pass/fail, and the Workforce Study's[2] lingering effects on the specialty, the relative competitiveness of emergency medicine remains in flux. It is too soon to know what will happen in the upcoming match and the years to follow, so it is still important to recognize potential barriers to your application and have a plan in the event that you do not match.

"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. The best alternative training opportunities, including those that allow for re-application to EM, are going to be those planned in advance of the match with a parallel application to another specialty.

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.[3,5] 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 all programs will not consider an applicant who failed USMLE Step 1. However, almost all do consider applicants with below average scores.[3] With USMLE Step 1 transitioning to pass/fail, it is not clear yet how program directors will adapt their application review practices, though early EM specific survey data indicate that PDs anticipate putting additional emphasis on SLOEs and requiring Step 2 CK scores in order for interview consideration.[4]

   What to do? If you have failed a portion of the USMLE or COMLEX, it is critical to retake and pass as soon as possible. These marathon testing scenarios are challenging. In addition to continuing to bolster your knowledge base, taking a course in test-taking strategy can be extremely helpful for many students. Additionally, taking Step 2 CK and performing well may be necessary to prove that you can pass standardized exams.

   Failing USMLE Step 1 always warrants a non EM backup plan. Students with a below average numeric score should be strategic in selecting programs that are less likely to screen out their applications based on this factor alone (see Figure 1). It is also worth noting that an improved performance on Step 2, even just raising your score to average, will reassure programs and increase the likelihood of an interview.[6] Another consideration for students to take into account is assigning their signal tokens wisely. A program that maintains that it does not consider applicants who have failed Step 1 are unlikely to be moved by a signal token--this may effectively be wasting a valuable token.

2. Failure of a preclinical course or repeating a preclinical 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 percent of programs will 'rarely or never' (<3 applicants/year) interview an applicant with a preclinical course failure on their transcript or MSPE.[5] 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. If a failing grade will remain on the transcript, 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 preclinical 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.[6,7] 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 backup plan should be pursued.

4. Negative feedback on the Medical Student Performance Evaluation (MSPE; 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 constructive 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 you can address it in your personal statement and take ownership of any potentially negative feedback. The impact of the presence of negative feedback on your application varies by the situation and your ability to explain it. If negative comments are associated with a failed or repeated clerkship, a non-EM backup 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.[6]

   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 try to restate your case for application reviewers in your personal statement, but in 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 percent of programs 'rarely or never' interview candidates with legal trouble on their record, such as DUI or drug possession.[6]

   What to do? Take some time to truly reflect on your experience, identify how you could have handled the situation differently, and be able to articulate what you learned from it. ERAS has a text box 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 percent of programs 'rarely or never' interview

candidates with unexplained gaps in their CV.[6]

What to do? There can be good reasons these gaps happen, and you are best off explaining up front in your personal statement or MSPE. Do not rely on the hope that they go unnoticed or that you can get away without explanation. If you leave these gaps to the imaginations of applicant reviewers, they may assume academic struggle or a professionalism issue.

The Best Defense is a Good Offense

In 2016, the AAMC recommended a new format of the MSPE with the goal of offering a more accurate and objective summary of student performance. The new format more directly compares your performance with your peers and highlights adverse parts of your application, such as professionalism deficiencies. For more information, visit https://www.aamc.org/members/gsa/54686/gsa_mspeguide.html

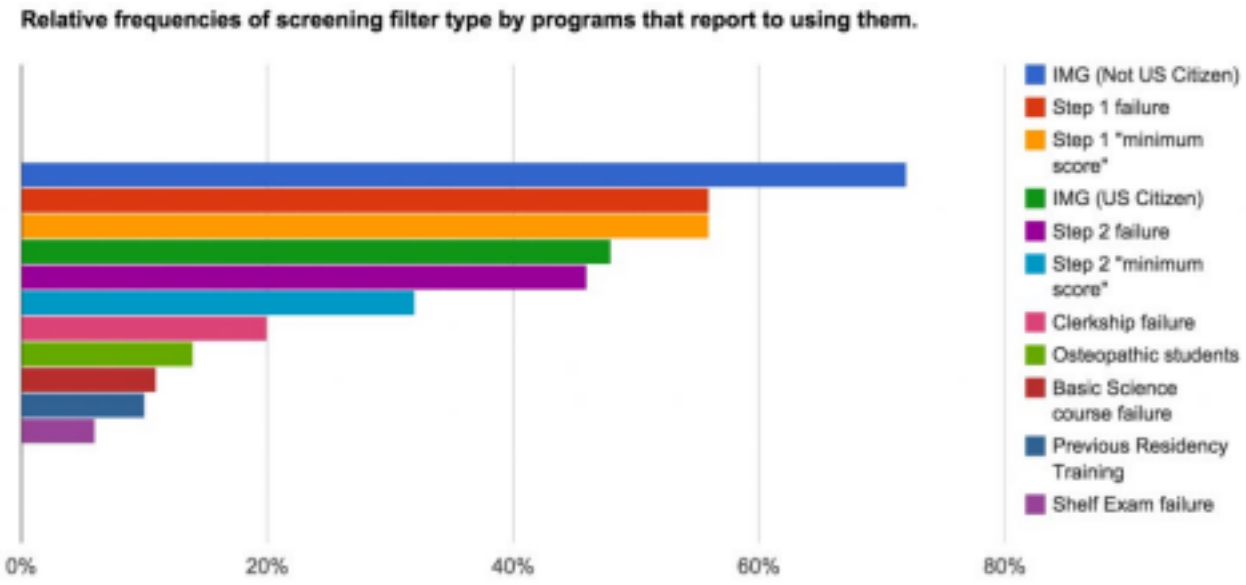
Most advisors recommend addressing red flags in your personal statement. This is the first place that someone reviewing your application is going to look for an explanation. If they do not find one, there is little incentive for them to go any further in considering you for an interview.

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.[7]

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



Resources such as EMRA Match and Residency Explorer can be helpful in determining which programs are likely to use some of these filters. Identifying programs that report considering applicants with Step 1 failures or that acknowledge using certain Step 1 cutoffs can help an applicant target his/her applications to programs that are more likely to fully consider their application. For other red flags, it is hard to predict how programs will react. These applicants are best served with a broader application strategy and early, proactive discussions with their advisor about a non-EM backup plan. While brand new to EM for the 2022-2023 cycle, data from the ENT literature regarding implementation of program signaling indicate that the greatest increase in interview offer rate may be for the least competitive applicants.[8] CORD has some helpful resources when it comes to understanding Preference Signaling and how to use your tokens when applying. For applicants who are at risk for not matching, strategic token allocation may be helpful, aiming for programs that are unlikely to screen them out.

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 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 it will go unnoticed by all of the experienced reviewers who will be looking at your application, but hope is not a plan. Use your personal statement as a vehicle to address any red flag by explaining what you have learned and how you have grown from the associated experience. Early, proactive discussions with an advisor familiar with EM residency applications can help you figure out how to use your signal tokens wisely and decide whether having a non-EM parallel plan or backup plan is a good idea for you. The need for a backup/parallel planning depends on the red flag present and on how effectively it can be addressed and mitigated. Using resources such as EMRA Match can help you be strategic about using Preference Signaling and targeting programs that are more likely to be open to considering your application and represent a constructive use of your time and resources.

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