



ADVISING STUDENTS COMMITTEE in EM

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 the medical student experience in applying and successfully transitioning to a career in emergency medicine. In this guide, we will outline specialty-specific application advice for medical students who are considering a career in Emergency Medicine.

Introduction: Considering Emergency Medicine

Emergency Medicine (EM) is a specialty that addresses not only the acute emergent care of individuals, but also the acute unscheduled care of individuals who are affected by social determinants of health and who have otherwise limited resources or access to other care. As a specialty, we pride ourselves on delivering timely care to those in need and serving all individuals who present to our emergency departments.

Students choose our specialty for many reasons. Many enjoy the breadth of care that the specialty affords; prepared to care for any problem in patients of any age and sex at any time, regardless of factors such as immigration status and ability to pay. Many students also enjoy the mix of both cognitive and procedural aspects of the specialty. Students also tell us that they find the social aspects of emergency medicine fulfilling. The emergency department can be the gateway to life-changing services for patients with substance use disorder and people experiencing homelessness. Doing community outreach to help prevent illness, ensure follow up care is obtained, and provide resources to some of the most vulnerable in our communities has become a thriving aspect of our specialty. Our careers include many niche areas of expertise, including fellowship tracks in:

<ul style="list-style-type: none">● Addiction Medicine● Administration● Aerospace Medicine● Critical Care● Education● Global Health● Hyperbaric Medicine● Informatics● Pain Medicine	<ul style="list-style-type: none">● Palliative Care● Pediatric EM● Research● Sports Medicine● Street Medicine● Toxicology● Ultrasound● Wellness● Wilderness Medicine
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We have written this guide for the Deans Offices and medical school advisors to be familiar with the nuances of advising students who may be interested in Emergency Medicine as a career. We hope that through using these resources, advisors can help students make decisions in an informed and thoughtful manner and help them navigate the intricacies of the EM application process to guide them to a successful and fulfilling match.

We don't want you to have to do this alone! Connecting students interested in EM with an EM-specific advisor is incredibly important--it is never too early or too late to take this step!

If your institution does not have ready access to an EM-specific advisor, there are still many ways for you to access this expertise.

- The [EMRA and CORD Student Advising Guide](#)¹ is available for free online and was just updated for the 2023-2024 application cycle.
- CORD and ASCEM host a [distance advising service](#) where students can get paired with EM educators who can advise and mentor them from afar.

If you do have EM advisors at your institution, encourage them to join our group ASC-EM and refer to our resources [here](#).

Why Emergency Medicine:

Some common reasons that students choose emergency medicine include:

- Safety net - ability to care for all patients
- Workup of the undifferentiated patient
- Critical care
- Procedures
- Shift work which enables diverse lifestyles and work-life balance
- No prior authorization
- Higher pay scale and fewer hours (see whitecoatinvestor.com)

Further details on specifics of EM and choosing EM are found in the [EMRA and CORD Student Advising Guide](#) Chapter 1: Choosing Emergency Medicine and the [Careers in Medicine website](#).

Preclinical Experience:

Many students enter medical school with some version of a background in Emergency Medicine--as EMTs, scribes, or Emergency Department (ED) technicians. These experiences have offered those students some insights that other students may not have. We highly encourage students to spend some time in the ED to understand the essential function of the ED and the role of the EM physician. We encourage medical schools to incorporate this exposure into their curricula, or allow time for such career exploration in the preclinical phase. Emergency Medicine Interest Groups (EMIGs) are student run organizations at medical schools that have been highly successful in partnering with EM physicians to help discuss the specialty, share career advice, and even offer educational resources like procedural or didactic teaching. We recommend medical schools establish and embrace EMIGs in order to facilitate the natural interest in EM among medical students. We encourage those EMIGs to connect with national resources like The Emergency Medicine Residents' Association (EMRA), CORD, ASC-EM, the Society for Academic Emergency Medicine (SAEM), Clerkship Directors in Emergency Medicine (CDEM), and the American College of Emergency Physicians (ACEP) who can provide resources regarding the early exploration and career pathways in EM.

MS3/Early Clinical Advice:

Medical students in the early clinical phase of their education should focus on their medical school curricula, which may or may not include EM clerkships or rotations. Emergency Medicine is a specialty of breadth, and demonstrating success across all clinical rotations is a valued trait in EM applicants. Students should commit to doing their best on every rotation, learning about the management and emergent presentations of myriad diseases across the clinical spectrum. For those students who are curious or interested, we recommend connecting with an EM advisor or EM clerkship director to discuss opportunities to explore the specialty.

MS3/Early Clinical Phase: Planning for Away Rotations

- Away rotations should be done at academic programs who can offer a [Standardized Letter of Evaluation \(SLOE\)](#).
 - *EM subspecialty rotations and rotations at community sites often also offer letters in alternative SLOE formats, which are useful but not considered to be in the same tier as the academic SLOE.*

- Most students should complete 2 EM rotations (one “home” and one “away”).
 - 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), it can be helpful for them to aim for 2 “away” rotations, in addition to their “home” rotation.
- 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 and beyond.²
- 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.³
 - *Medical students have tendencies to over apply to away rotations. We advise that students should contact their institutional EM advisors to apply efficiently.*
- The following resources are recommended for student use in selecting rotations:
 - [EMRA Match for Clerkships](#)
 - [SAEM Clerkship Directory](#)
- 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.
- EM programs across the country have begun to focus on holistic application review and applicant “fit” as opposed to unifocal indicators like board scores
 - 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 ‘good fit’ programs will be more efficient in obtaining an away rotation (and a residency interview)
- 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 sometime in January of the MS3 year.*
- Some fourth year rotations begin as early as May. Students should aim to complete at least one EM rotation before September to ensure that at least one SLOE is submitted with the initial ERAS application.

- Please be advised that some EM away programs may not offer an (automatic) interview for its rotators.

What electives should a student take in fourth year?

- Intensive Care rotations and Trauma rotations can offer helpful traditional format or [O-SLOE \(Off-service Standardized Letter of Evaluation\)](#).
- 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. But there is no rotation that is not pertinent to the practice of EM.

Is Research/Extracurricular involvement required?

- Research and extracurriculars are not considered critical in EM and should be pursued only based on student interest¹². In general, demonstrated commitment to a single project is preferred over superficial or partial participation in multiple projects. There may be some program-specific exceptions to this general rule, so it is important to explore program websites to understand their mission.
- 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 longitudinal community volunteerism.
- Students should join EM professional societies (membership includes many student benefits, including advising resources, and cost is typically nominal or free).
 - *EMRA has a dedicated student-led council that engages EM-bound students in policies, education content, and initiatives that reverberate across our speciality nationwide.*

EM Clerkship Advice

Resources to succeed and shine on an EM rotation

- [CDEM Curriculum](#)
- [How to present a patient in the ED](#)
- [How to call a consult in the ED](#)
- [Reading for your EM Rotation](#)

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 rank¹².

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

How to assess a students competitiveness for the specialty

- Multiple factors contribute to a students competitiveness for the field of EM including USMLE, clinical performance on rotations, away rotations, letters of recommendations, leadership, research, and dedication to the field.
- We recommend that Deans and medical school advisors refer to our newly updated [EMRA and CORD Student Advising Guide](#) for further information.
- We also recommend that students meet with an EM advisor during their MS3 year to help gauge competitiveness, discuss away rotations, discuss 4th year scheduling, preference signaling, how many programs to apply to, and other application specifics.

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 importance¹².
- While many applicants may showcase why they love EM, 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.
- The personal statement may also be a good place to explain a “latecomer” to EM.
- Most importantly, keep the statement under a page, spell-checked and grammatically correct.

How to stratify programs for application success

- We recommend [EMRA Match](#)
- [SAEM Residency Directory](#)
- EM Specific Advisors are key resources

Where to find advice (documents, organizations, websites)

- [CORD EMRA](#) advising guide
- CORD [ASC-EM](#) website
- [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.

Evolving EM Landscape:

EM is currently experiencing a decrease in the number of students pursuing the specialty, as evidenced in the recent (2023) NRMP match. You may be familiar with, discussed, and/or considered the factors that may have contributed to this phenomenon. Recent events have created some challenges in our specialty that we would like to briefly address here:

Work force

- Recently the EM workforce projections for the future have been uncertain. This was largely fueled by "[The Emergency Medicine Physician Workforce: Projections for 2030](#)", which was published in 2021. This

paper predicted an oversupply of emergency physicians by the end of the decade. It is important to note that the initial conditions, including estimates of the number of physicians entering and leaving the workforce and demand for emergency care services, were considered models based on available data at the time and before the pandemic. The rate of attrition among emergency physicians has increased during COVID. These projections change with the slowed rate of the growth of residency programs and positions. Furthermore, the role of NPs and PAs in the ED also impacts the demand for emergency physicians. Further research is ongoing and will help better explore the future of the EM workforce, but the key is that currently there are plentiful opportunities for graduating EM residents. The discussion among current residency leadership and current graduates is that the job market for EM is vibrant with everyone getting great jobs. The CORD community is undergoing a study and has a task force dedicated to evaluating the job prospects for EM graduates. The American College of Emergency Physicians (ACEP) has also been doing a deep dive into this and has an informative web page on [Shaping the Workforce of Tomorrow](#)⁸. Including many solutions to potential workforce issues including residency training, rural opportunities, expanding our scope, and others.

- COVID

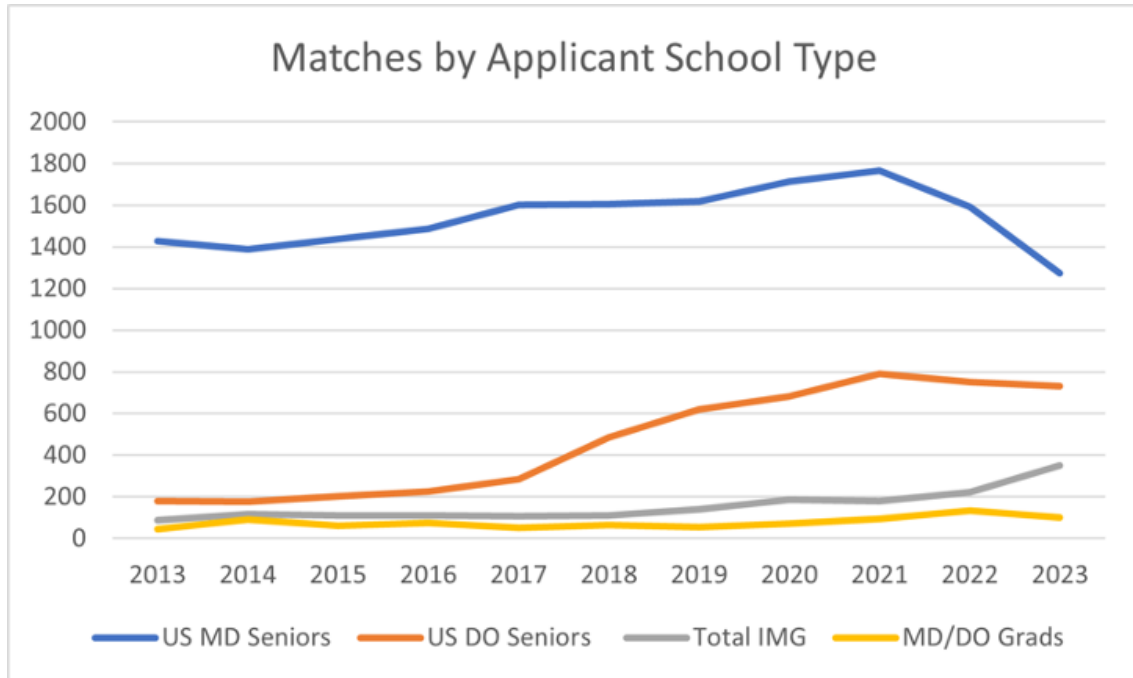
- The COVID-19 pandemic manifested many challenges for emergency medicine as a specialty. Students were pulled from all clinical experiences at the start of the pandemic, but the inherent risks of evaluating undifferentiated patients and lack of core rotation status at most institutions meant they were slower to return to EM than to many other specialties. When they did return, infection control measures and shortages of PPE often meant they were restricted from seeing certain subsets of patients and never had the opportunity to experience, and fall in love with, the full spectrum of the job. Travel restrictions also meant students without EM at their home institutions may never even have had the option to explore the specialty. As we emerge from the pandemic, we expect to see students more able to experience typical EM rotations and experiences.

- Burnout

- Emergency Medicine is currently the most burned-out medical specialty, as of the [Physician Burnout & Depression Report in 2023](#)⁹. The fact that EM has been historically rated at the top of the burnout chart underscores how demanding, both mentally and physically, this job is. Some of the

high measurements of burnout may also be related to the ways in which questions on these surveys are framed (for example, a sense of “lack of control” which is inherent in our specialty, may inflate results). Additionally, COVID placed an outsized burden on emergency medicine and as we emerge from this pandemic, we expect to see a leveling out of our burnout numbers. Despite the high numbers of burnout, most EM residents are happy with their career choice. [In one study](#) ¹⁰, EM residents reported below average regret about their choice to be a physician (11.4%) or pursue EM as a specialty (3.3%), compared with 14.1% and 7.1% across all specialties. We feel that this relates to medical students finding their best “fit” for a specialty. Burnout will be higher for those who are in the wrong specialty fit. Although burnout is a reality with many specialties, including EM, our specialty has also been at the forefront of incorporating and operationalizing wellness. Programs offer burnout education, circadian scheduling, robust wellness programs and support networks. Perpetuating an awareness and abundance of resources to help trainees and faculty combat burnout has become routine practice.

- EM residency expansion
 - There has been an evolution in the number of residency programs, resident spots, and students choosing EM as a specialty over recent years (see graph). This involves a number of factors including increasing programs at a variety of locations and practice types combined with programs increasing their complements. This is something that the EM community is actively working on with multiple task forces and studies ongoing. We feel strongly that despite these trends, students who have a passion for EM should not be deterred from going into the field.



Source: Laura Hopson, MD

**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.

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