

Career Counseling in Emergency Medicine

Frequently Asked Questions

This booklet has been prepared by the Department of Emergency Medicine in response to questions frequently asked by medical students who wish to explore the training and career opportunities in this field. We hope that it will be helpful to students and serve as a basis of discussion in individual meetings with faculty members and residents.

- **Can you give me a brief description of the field? What are the key elements of this field that define it?**

This field involves caring for "all comers". Patient populations are diverse and ailments cover all medical specialties. Medical problems vary from the critically-ill/trauma patients to everyday common complaints. This field requires adaptability, broad range of knowledge, self-confidence and a strong dedication to improving the care of our most vulnerable patients.

- **What is the patient population that I will encounter? Will it include both children and adults? Will there be emergency work? What types of technology will I encounter?**

Patient population is diverse: newborns to geriatric across all socio-economic levels and cultural backgrounds. Primary duties are performed in the emergency rooms where patient conditions may be life-threatening or treatment of chronic ailments. Patient conditions span all fields: medicine, surgery, pediatrics, OB/GYN, psychiatry, neurology. Technologies for life saving procedures are always developing. They are incorporated into the field of Emergency Medicine as indicated.

- **Is it possible to describe the personality characteristics of many physicians in this field?**

Most EM physicians are multi-taskers, energetic, adaptable, decisive and detail-oriented but centered on the big picture. They need to possess strong communication skills, be able to interact with people from diverse backgrounds and handle difficult crisis situations (i.e. mass casualties, death, etc.).

- **How long is the training program/residency?**

There are two types of residency programs: 3-years and 4-years. Most people who aspire for academic (research/teaching) careers do the 4-year program.

- **Are there fellowships available after residency?**

Yes. There are over 20 different fellowships available. Seven of them are ACGME accredited, such as Toxicology, Critical Care, EMS, Hyperbaric Medicine, Sports Medicine, Palliative care and Pediatric EM. Non accredited fellowships include: research, education, ultrasound, simulation, disaster, international EM, administration, wilderness, policy and advocacy, forensic, geriatric, injury control, environmental health, cardiovascular emergencies, clinical pharmacology.

- **How do I know if my academic record/grades will make me a suitable applicant?**

The best route is to meet with a departmental advisors (ie. Any of the Residency Directors or Student Education Director), to review your record and CV.

- **What is the role of my USMLE Step 1 score? What is a competitive score to qualify for an interview? If I failed Step 1 what are my options? Should I take Step 2 early**

Although there is no "cut-off" number, as the field becomes more competitive, USMLE Step 1 scores have become another screening marker. On average, most competitive programs interview students with a score in the mid/high-220's or above. USMLE Step 2's are generally not required, but recommended to be taken early for students who score LESS than the national mean (currently ~ 230). A low Step 1 score will make it difficult to match into a competitive residency program, and a failed Step 1, even more so. If this is the case, you should plan to not only take retake and pass Step 1, but also take Step 2 early and prepare adequately so that you will show significant improvement (above the mean ~ 240's). It is important to review your application portfolio with a residency director to assess your best options and carefully select appropriate programs.

- **Do I need a Step 2 Clinical Knowledge score to be screened for an interview? To be ranked?**

Not necessarily, however there is an increasing trend where programs want to see STEP 2 CK scores before offering interviews to "borderline" candidates. I.e. mediocre STEP 1 scores and/or grades, any academic deficiency, etc.

A strong step 2 score along with a strong step 1 score shows a more complete assessment of medical knowledge and would be viewed more favorably than just a good step 1 score.

Most programs will review applications again before their final rankings to ensure the applicant has successfully passed STEP2's. All candidates should plan to complete their STEP 2 CK and CS where scores are available before programs begin making their rank list--- safely by late-December at minimum.

Successful completion of Step 2-CK and CS are mandatory before starting residency.

- **Is there anything that I can do in my rotation or elective experience in this field to enhance my qualifications?**

During any rotation, besides demonstrating good patient management plans, it is important to take ownership of your patients, serve as their advocate. Experience in any of these other areas will enhance your application: Research experience, significant community project, international or other community service, language skills, anything indicating a broad horizon and adaptability. Always present a respectful and positive attitude and willingness to learn.

- **Should I take outside electives in other institutions? If so, how many are advised and allowed?**

Yes! Most programs expect students to have taken at least one 4-week away EM elective, although some students register for two if time allows. This is an opportunity for students to showcase their talents at their top choice programs or to explore another region in the country. In addition, most programs expect you will receive a letter of recommendation from one of your away electives.

- **If your field requires a preliminary year what are your recommendations regarding that year?**

There are no more EM programs requiring a preliminary year, except for one military program.

- **Is a research experience important in my application to this field? Do I need to do a one-year research experience? Will research offset a low Step 1 score? Should I have publications to qualify for your field?**

Research experience and especially any publication will enhance and strengthen your application. However, they may not offset low Step 1 scores or poor grades. Every program has individual missions for their residency programs. It is important to speak with an advisor in EM to review your portfolio in whole and provide you with realistic expectations.

- **Is community service important in my application to this field?**

Although not required, it is important as it demonstrates commitment to serving and improving our surrounding community. This is an important mission of EM physicians. Any public health work is beneficial.

- **What do you advise on obtaining letters of recommendation? Should they all be from the field? How many should I have? Do I need a chair's letter? If so, how do I obtain that letter?**

Letters of recommendation (LOR) are an extremely important part of your application. (Referred to as SLOE in EM residency—see below)

EM residency programs require a minimum of 3 letters of recommendation; where most would like at least 1-2 from EM physicians. However most "competitive programs" EM program directors prefer all 3 letters from EM physicians. If you are applying to an EM/IM program, then two EM faculty and two IM faculty letters are acceptable.

Here is the general guidelines:

Minimum 3 LOR's for all residencies. Maximum 4 LOR's can be uploaded onto ERAS per program.

Majority of (competitive) EM programs prefer all 3 LOR's to be from EM doctors. Either individual or Departmental. Vs. 2EM's and 1 off-service (IM, Surg, etc).

If your 3rd EM SLOE is expected in late Oct/November, then you should consider the 2EM+1 off-service to be upload by first week of October to "complete" your application and leave an open 4th slot for the final EM SLOE.

For EM/IM: usually 2 EM's and 2 IM's.

Of note, many residency programs, including SUNY Downstate/KCH-Emergency Medicine, now write a Departmental Consensus Letter; meaning the residency and student education directors discuss and review the entire record of any student requesting a letter and write one composite letter. For SUNY Downstate students, we recommend a Departmental Consensus letter and an individual faculty letter from our department. Then, at least one LOR/SLOE from an away EM rotation. Individual LORs are ideally from someone who knows you well, usually from your EM advisor or a faculty member with whom you worked closely. To obtain a SUNY Downstate Departmental LOR/SLOE, you must have completed the required EM 4-week course (EM4701).

All EM Physicians should be writing their LORs on the "Standard Letter of Evaluation" form (SLOE) provided by CORD-EM (Council of Residency Directors of Emergency Medicine). It is recommended that at least one or two of these letters are by nationally well-known authors, which can be any of the following: Chair of the Department, Residency Directors and Assistant directors, Student Education directors (if any), Departmental Consensus Letter or any subspecialty division directors (i.e. ultrasound, international medicine, etc.).

You should be professional and prepared in all aspects of the application process. When requesting an LOR, you should formally request one from the individual faculty member early. Be prepared to set-up an appointment to discuss your career goals and be ready to

provide and discuss your academic record (i.e. transcripts, CV, personal statements). Every faculty member has a "list" of requisites when writing a letter. If you want a departmental LOR, be sure you request one through the appropriate channels (i.e. student education coordinator or director) and submit the necessary paperwork (i.e. waivers, etc.) in timely fashion.

- **How do I meet with residents in the field and ask them to share their experiences and advice? Can I find residents with educational backgrounds similar to mine?**

SUNY Downstate/Kings County EM residency has one of the largest residency programs, where teaching students is an important part of our mission. Students will be working closely with residents and have plenty of opportunities to ask them questions. In addition, there is a group of residents who serve as liaisons to students specifically to help answer questions.

- **If I want to learn more about the field, can you recommend how I do that?**

Attend school sponsored career exploration meetings, register for NS115 (1st and 2nd yr), and EM4044 (MS3). Students are welcome to speak with any faculty member about Emergency Medicine, Residency and Student Education Directors will be especially helpful. We recommend students interested in the field to speak with the Residency Director or one of the Assistant Residency Directors plus obtain an advisor as early as possible during medical school. Students can either approach a faculty member they have already had contact with in another context or they can request one via our student education coordinator, Ms. Marcella Coma, emmeded@downstate.edu, 718-245-2975.

Or go to the link: https://docs.google.com/forms/d/1XNTioH-KdAk_e3A2AU6ZdtFAvv_z41bcxNipJ5S7Lu4/viewform?c=0&w=1

There are several websites and blogs that provide students with information on the field and "tips".

Here are some suggested sites:

SAEM (Society for Academic Emergency Medicine):
<http://www.saem.org/membership/medical-students>

EMRA (Emergency Medicine Residents Association—For medical students.
www.emra.org/students

CDEM (Clerkship Directors of Emergency Medicine): <http://www.cdemcurriculum.com>
Dr. Michelle Lin's blog <http://academiclifeinem.blogspot.com/>

SUNY Downstate/Kings County student education:
http://www.downstate.edu/emergency_medicine/fourthyear.html