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Red-Flags are Waving: Recommendations for the Emergency Medicine Applicant At-Risk of Not Matching--on behalf of the CORD Student Advising Task Force

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Table 1. Learning pathways example.

Foundations Learning Pathways				
Unit	Topics	Traditional Textbook	High-Yield Text	Multimedia
GI	GI Bleeding Esophageal and Stomach Disorders	Rosen's: GIB 245-253 Esophageal Disorders, GERD, PUD 1170-1180 OR Tintinalli's: GIB, Esophageal Emergencies, PUD 503-517	River's: GI Bleed, Esophageal Do, PUD, Perforation p176-186 OR Tintinalli Manual: GIB, Esophageal Emergencies, PUD 207-217	Hippo Videos: Esoph & GIB AND FOAMed: EB Medicine: UGIB UMD: PUD

of Massachusetts - Baystate Health, Springfield, Massachusetts; Cooper Medical School of Rowan University, Camden, New Jersey; University of Missouri-Kansas City School of Medicine, Kansas City, Missouri; University of Maryland, Baltimore, Maryland; University of Wisconsin School of Medicine and Public Health, Madison, Washington

Background: Each year, the number of Emergency Medicine (EM) applicants exceeds the number of residency positions available. Identifying applicants who are at higher risk of not matching can be challenging, and applicants and advisors struggle with how to manage these scenarios. The Council of Residency Directors (CORD) Student Advising Task Force (SATF) recognized the need to categorize common application red-flags and create a set of recommendations to be used as a guide for applicants and their advisors.

Educational Objectives:

- Identify and categorize common application red-flags which put an applicant at-risk of not matching.
- Provide evidence-based advising recommendations to assist at-risk applicants in overcoming those hurdles.
- Identify which applicants need to pursue a backup plan.

Curricular Design: Using existing advising resources, National Resident Matching Program data, and group consensus, members of the CORD SATF identified three broad categories which placed applicants into the at-risk group. Recommendations to address these red flags were developed and compiled into an advising guide and made available online to students and advisors.

The advising recommendations are summarized in Table 1. In general, the best defense is a good offense. The personal statement should be used to address red-flags. All students with identified red-flags are best served by early discussion with their advisors on application strategy and the need for a backup plan. Residency programs are known to use filters to efficiently review applications. If applicants have red-flags that are commonly used as application filters (such as USMLE failure), they will need to be particularly strategic in selecting programs. Students with professionalism issues and those that have a combination of factors, such as lower board scores plus a weaker transcript are advised to proactively pursue a backup plan.

Impact/Effectiveness: The CORD SATF developed advising guidelines to help applicants and advisors address red-flags in the EM residency application. This guide is available online through the CORD website has been endorsed by CORD, Clerkship Directors in Emergency Medicine, & Emergency Medicine Residents' Association with plans to strengthen recommendations through survey data in the future.

Table 2. Survey data.

Learner Preferences		
Which of the following Learning Pathway resources do you use on a regular basis to prepare for Foundations Meetings?		
Rosen's Textbook (15, 17.0%), Tintinalli's Textbook (28, 31.8%), River's Written Board Review (8, 9.1%), Tintinalli's Manual (23, 26.1%), Hippo Videos (68, 77.3%), Other Multimedia Assignments (20, 22.7%)		
On average, what percentage of your chosen Learning Pathway assignment do you complete prior to each Foundations Meeting?		
0% (1, 1.1%), 25% (14, 15.7%), 50% (33, 37.1%), 75% (29, 32.6%), 100% (12, 13.5%)		
On average, how much time do you spend on Learning Pathway assignments prior to each Foundations Meeting?		
0 minutes (2, 2.2%), 15 minutes (5, 5.6%), 30 minutes (18, 20.2%), 45 minutes (15, 16.9%), 60 minutes (30, 33.7%), 75 minutes (4, 4.5%), 90 minutes (14, 15.7%), Other (1, 1.1%)		
Resident Satisfaction with Foundations Learning Pathways		
Survey Item (1- Strongly Disagree, 3- Neutral, 5- Strongly Agree)	Agree or Strongly Agree	Mean
Overall, I am highly satisfied with Foundations Learning Pathways.	87/89 (98%)	4.29
Learning Pathway assignments helpful for learning fundamental knowledge within our specialty.	84/89 (94%)	4.29
Learning Pathway assignments have a positive impact on my clinical performance during Emergency Department shifts.	79/89 (89%)	4.16
Learning Pathway assignments required a reasonable amount of independent work prior to each Foundations Meeting.	75/89 (84%)	4.06
I like being able to choose the Learning Pathway that suits me the best.	79/89 (89%)	4.24

3 Red-Flags are Waving: Recommendations for the Emergency Medicine Applicant At-Risk of Not Matching--on behalf of the CORD Student Advising Task Force

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Table 1. Red-flags & recommendations for the at-risk EM applicant.

Red Flag	Key Recommendations
Academic Struggles	
Failure of USMLE or COMLEX	<ul style="list-style-type: none"> Retake and pass as soon as possible Consider a course in test-taking strategy Plan to take USMLE Step 2 CK early Determine a backup plan
Failure of Pre-clinical Course or Repeating Pre-clinical Year	<ul style="list-style-type: none"> Successfully retake/complete the course work
Failure of Clerkship	<ul style="list-style-type: none"> Successfully repeat the clerkship This is often interpreted as a result of professionalism deficiencies therefore it is important to explain the circumstances surrounding the failure in your personal statement and/or MSPE
Negative Feedback on Medical Student Performance Evaluation (MSPE)	<ul style="list-style-type: none"> Carefully review your MSPE Take ownership of negative feedback and be able to discuss steps taken to improve
Professionalism Concerns	
Academic Misconduct	<ul style="list-style-type: none"> Explain your case in your personal statement, however it is likely that you may not be able to match into emergency medicine. Determine a backup plan
Misdemeanor/Felony History	<ul style="list-style-type: none"> Take time to truly reflect on the experience, identify how you could have handled the situation differently and what you have learned from the past Utilize the narrative text-box within ERAS regarding misdemeanors/felonies
Unexplained Gap in CV	
Time off during medical school or other large gaps in CV	<ul style="list-style-type: none"> Explain in your personal statement or MSPE

4 The CORD Student Advising Task Force (SATF) Emergency Medicine Re-ApPLICANT Residency Guide: Helping Applicants on the Second Go Around

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Background: Applying for residency is stressful, but even more so for the applicant who has already been through the process and not matched. The unmatched applicant is immediately faced with questions and uncertainty and there is a scarcity of advising resources to guide the un-matched EM applicant. The Council of Residency Directors (CORD) Student Advising Task Force (SATF) is comprised of program leaders, clerkship directors, and residents with a special interest in student advising. The SATF created advising recommendations for re-applicants. The purpose of the recommendations is to serve as a vetted instructional guide for EM re-applicants.

Educational Objectives:

- To review why applicants are unsuccessful in the EM match

and provide recommendations on how an applicant can strengthen his/her application.

- To discuss the options for students who were unsuccessful in the EM match.

Curricular Design: Members of the CORD SATF worked over a period of 10 months to draft advising recommendations; available data was used to support recommendations where possible. Two main areas for directed advising were identified. First, what should an applicant do in the year following the unsuccessful match to better position themselves the second time around. Second, what caused the unsuccessful match and what, if anything can be done about it?

Impact/Effectiveness: An advising guide for EM re-applicants was created by the CORD SATF and is available online through the CORD website. The recommendations are endorsed by CORD, the Clerkship Directors in Emergency Medicine (CDEM), and the Emergency Medicine Residents' Association. The guide has been highlighted in the Vocal CORD blog, which has garnered 184 views to date. In the future we are hoping to strengthen the recommendations by generating survey data obtained from residency program leaders and advisors, and we will work to distribute the guide to leaders in undergraduate medical education.

Table 1. Best practice guidelines for the re-applicant in emergency medicine.

Part I: What to do the next year	Key Recommendations
	<ol style="list-style-type: none"> Participate in the Supplemental Offer & Acceptance Program (SOAP) for EM <ul style="list-style-type: none"> Almost impossible, will require a backup plan Take a year "off" <ul style="list-style-type: none"> Research- difficult to complete a project in one year Pursue a graduate degree (i.e. MPH) Extend medical school training <ul style="list-style-type: none"> Expensive, not always an option. A good option for those late to EM Applicant available to fill a last minute opening after the match SOAP into another discipline (most common) <ul style="list-style-type: none"> Options: transitional prelim, surgery prelim, medicine prelim, medicine or family categorical Choose option that allows for additional EM experience early (July-Sept) to allow for updated SLOE
Part II: Improving the Re-Application	Key Recommendations
	Take time for honest reflection. Critically review your application with a trusted advisor to determine why you did not match. Was the problem one of the following?
	<ol style="list-style-type: none"> USMLE/COMLEX Scores <ul style="list-style-type: none"> Failures and "low but passing" scores makes an EM match very difficult Take Step 3 early Address the low score in your personal statement Number of Applications <ul style="list-style-type: none"> Apply to additional programs not originally on your list Plan to apply to at least 40 programs Wrong type of programs <ul style="list-style-type: none"> Apply more broadly Medical Student Performance Evaluation (MSPE/Dean's Letter) <ul style="list-style-type: none"> Speak with the Dean's office and see if there was severe negative comments you can explain or that can be changed based on new information. Professionalism issues <ul style="list-style-type: none"> Address head-on in your personal statement If you have a misdemeanor or felony, take responsibility and ownership of your mistake. Include a brief narrative that explains what you have learned Letters of recommendation <ul style="list-style-type: none"> Obtain a new SLOE Replace or remove a potentially negative SLOE Interview issues <ul style="list-style-type: none"> Ask for honest feedback from an advisor Practice, take a course