

## **Planning your final year of medical school**

***Gus M. Garmel, MD, FACEP, FAAEM***

Co-Program Director, Stanford/Kaiser EM Residency Program

Medical Student Clerkship Director (Surg 313D), Stanford University

Senior EM Physician, Permanente Medical Group, Kaiser Santa Clara, CA

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### **Goals and objectives:**

1. Discuss options for your final (not necessarily 4<sup>th</sup>) year of medical school
2. Review the timeline for when to schedule rotations and residency interviews
3. Outline several strategies for success
4. Reveal a number of EM "secrets" known only to Program Directors
5. Strengthen your chances to match in emergency medicine, and have an outstanding career in our specialty.

### **Options:**

Numerous options exist with respect to which rotations to request, and where and when to schedule them. One excellent but often underutilized option includes completing one of your required third year core clerkships during your final year, such as psychiatry or neurology. Other options relate not only to EM rotations, but also to other electives and non-clinical activities. There are a number of decisions that you get the opportunity to make, unlike much of your previous medical school curriculum. Your medical school likely has some restrictions as to how many clerkships you may schedule in the field of your career choice, how many away (visiting) electives you may do, which months you must remain at your medical school, and which senior year courses are required. If valid reasons are presented, it may be possible to be granted the opportunity to do something not commonly done (or allowed) by students at your school.

### **Timeline:**

Timelines for your final year have great variability based on a number of issues. First and most important is to consider how confident you are about choosing the specialty of Emergency Medicine. If you are unsure that this challenging and competitive field is for you, it is wise to schedule an EM rotation very early during your final year. This way, if you aren't satisfied with EM, you can schedule something else to consider this area of training. Or, if you are choosing between EM and some other field, do EM early so you can compare it with something else. Other things to consider in terms of your timeline, not only for EM rotations but also for other final year activities, include how competitive a student you are, how competitive the EM programs to which you are applying are, what your medical school regulations are, and what type of personality traits you possess. Are you the type of person who wants to do things first, setting a standard to which others are compared, or last, to gain advantage having a final comparison? The later you do your EM clerkship, the more skills you possess (this may also relate to interview strategies). Or, are do you fall somewhere in between? There are advantages and disadvantages to each strategy, but in the long run, everything generally evens out. In other words, if your

schedule of EM rotations, other clerkships, and interview dates doesn't work out perfectly, don't worry! Simply do your best at all times in all things.

**Key points:**

If possible, do not schedule a rotation at your preferred EM site, or your interview at your preferred program, as your first experiences. In other words, if you are considering scheduling more than one EM rotation, schedule the site you might prefer to follow your first rotation. Also, consider scheduling an EM rotation that is particularly good for student learning as your first EM rotation. The same goes for interviews – don't schedule your first interview at the program you think you most desire. Try to schedule or arrange a "practice" interview with program faculty at your medical school, at a local program, or at a program that may not be your top choice, so you are more comfortable and confident with the interview experience. This may make you more competitive. The advantage of practicing with a faculty member or advisor from your medical school (not the program director, unless you are certain you do not want to match at "home") is that you can solicit feedback during or after your interview. "How did I come across?" (Sincere? Motivated? Cocky? Disinterested? Unprepared?) "Was I informed about this program?" "What could I do better?" "How might I change my answers to be more in line with my goals and those of the program director?" The answers to these questions are important to learn. With a practice interview, you won't use valuable time interviewing at programs that do not interest you, which is costly and time-consuming for both you and the program. More importantly, however, this allows students truly interested in that program the opportunity to interview. In my opinion, every medical school with a program in EM should offer an interview to their own students (although it is reasonable to have to ask for this). It may not be possible for every rotating student at away clerkships to be offered a formal interview, as some rotations have over 100 visiting students per year. However, ask to be granted an interview during your visiting rotation while you are there if you are not going to be offered an interview at a later date.

**When to schedule EM clerkships:**

Balance is needed to keep from scheduling rotations too early (which means you have had less clinical exposure) or too late (to afford you the opportunity to confirm your decision to match in EM, to be offered interviews, etc.). Again, consider the variables described earlier. Most students interested in EM schedule rotations between July and December. Interview season for most programs is November through early February, with the majority of interviews being offered late November through mid-late January. It is especially important to realize that visiting rotations and other electives require advanced planning. Review websites, gather information, and contact key individuals as early as possible. Space for visiting students is often limited; many EM clerkships are quite competitive. Learning the specific start dates is critical to planning your final year.

**Other clerkships and knowledge skills necessary for your final year:**

Cardiology – CCU, consultation service, or ECG interpretation

Radiology – Plain films, CT, Ultrasound

Intensive care – ICU, CCU, and possibly SICU are important rotations generally with excellent teaching and supervision

Subinternship – internal medicine is typically preferred, rather than surgery or pediatrics  
Required 3<sup>rd</sup> year clerkship – Neurology/Psychiatry (try to arrange this in your final year)  
Required 4<sup>th</sup> year clerkships – preparation for internship, ACLS, ethics, pharmacology...

**Related EM experiences (alphabetical):**

Anesthesiology  
International medicine/health  
Ophthalmology/ENT  
Orthopedics  
Pediatric Emergency Medicine  
Procedural skills  
Research  
Toxicology  
Trauma  
Ultrasound  
Wilderness Medicine

**Sample (ideal?) final year schedule (not including vacation):**

June – CCU/Cardiology/ECG  
July – EM rotation or Ultrasound or Procedures course or Trauma  
August – EM or Trauma or ICU (begin preparation of ERAS materials)  
September – EM or ICU or elective or research (ERAS opens)  
October – EM or EM-related or SubI or ICU (ACEP Scientific Assembly Oct. 8-11,2007)  
November – EM or EM- related, interviews start (November 1<sup>st</sup> -- deans letters released)  
December – Elective or EM-related, possibly EM plus interviews  
January – Psychiatry/Neurology from 3<sup>rd</sup> year (plus interviews)  
February – Anesthesiology or Ophthalmology/ENT or SubI  
March – elective or required (Match day)  
April – ACLS or required or elective (possibly international)  
May – required, electives, graduation  
June – graduation (if not in May), relocation (if necessary), begin internship!!!!

**Important EM Organizations (alphabetical):**

American Academy of Emergency Medicine ([www.aaem.org](http://www.aaem.org))  
American Board of Emergency Medicine ([www.abem.org](http://www.abem.org))  
American College of Emergency Physicians ([www.acep.org](http://www.acep.org))  
American College of Osteopathic Emergency Physicians ([www.acoep.org](http://www.acoep.org))  
Council of EM Residency Directors (CORD) ([www.cordem.org](http://www.cordem.org))  
Emergency Medicine Residents' Association ([www.emra.org](http://www.emra.org))  
National Center for Emergency Medicine Informatics ([www.nciem.org](http://www.nciem.org))  
Society for Academic Emergency Medicine ([www.saem.org](http://www.saem.org))

**Important EM Journals (alphabetical):**

*Academic Emergency Medicine*  
*American Journal of Emergency Medicine*  
*Annals of Emergency Medicine*

*Emergency Medicine Clinics of North America*  
*Journal of Emergency Medicine*

**Emergency Medicine certifications (alphabetical):**

ACLS  
ATLS  
BLS  
NALS  
PALS (also APLS)  
RDMS (Ultrasound)

**Non-clinical activities for your final year of medical school:**

EMIGs (Emergency Medicine Interest Groups)  
Mentors and advisors (SAEM virtual advisor, EMRA resident-student mentorship)  
EM journal clubs  
EM didactic conferences (residency program, local, state, regional and national meetings)  
Community service  
Leadership opportunities  
Advanced degree study and/or completion (MPH, MA, MS, MBA, PhD)

**Appendices:**

**A. Six Core Competencies (Emergency Medicine) – from *www.ACGME.org***  
*(Outcomes Project)*

1. patient care
2. medical knowledge
3. practice-based learning and improvement
4. interpersonal and communication skills
5. professionalism
6. systems-based practice

**B. SDOT (Standardized Direct Observation Assessment Tool)**

This direct observation tool is being integrated into residency programs to evaluate residents (developed by members of the Council of EM Residency Directors). Several EM programs are already using it. It is therefore possible that this tool may be used for evaluating students as well. (See Shayne P, et al. *Acad Emerg Med* 2006;13:727-732).

**C. Standardized Letter of Recommendation (SLOR) – from Council of EM Residency Directors**

**2006-2007 APPLICATION SEASON**

**Emergency Medicine Residency Recommendation Form**

**Emergency Medicine Faculty ONLY – Read Instructions first @ [www.cordem.org](http://www.cordem.org)**

Applicant's Name:

AAMC ERAS ID No.

Reference Provided By:

Present Position:

Email:

Institution:

Telephone Number:

**A. Background Information**

1. How long have you known the applicant?

2. Nature of contact with applicant: (Check all that apply)

Know indirectly through others/evaluations  Extended, direct observation in the ED   
Clinical contact outside the ED  Advisor   
Occasional contact (< 10 hours) in the ED  Other

3. If this candidate rotated in your ED, what grade was given?

Honors  High Pass  Pass  Low Pass  Fail

Optional: One Key Comment from ED Faculty Eval:

4. Is this the student's first, second, or third EM rotation?

\_\_\_\_\_

5. Indicate what % of students rotating in your Emergency Department received the following grades last academic year:

Honors	%	Total # students last year:
High Pass	%	
Pass	%	
Low Pass	%	
Fail	%	
100% Total		

**B. Qualifications for EM.** Compare the applicant to other EM applicants/peers.

1. Commitment to Emergency Medicine. Has carefully thought out this career choice.

Outstanding (top 10%)  Excellent (top 1/3)  Very Good (middle 1/3)   
Good (lower 1/3)

2. Work ethic, willingness to assume responsibility.

Outstanding (top 10%)  Excellent (top 1/3)  Very Good (middle 1/3)   
Good (lower 1/3)

3. Ability to develop and justify an appropriate differential and a cohesive treatment plan.  
Outstanding (top 10%)  Excellent (top 1/3)  Very Good (middle 1/3)   
Good (lower 1/3)

4a. Personality; ability to interact with others.

Superior  Good  Quiet  Poor

4b. Personality; ability to communicate a caring nature to patients

Superior  Excellent  Adequate  Poor

5a. How much guidance do you predict this applicant will need during residency?

Almost None  Minimal  Moderate

5b. Given the necessary guidance, what is your prediction of success for the applicant?

Outstanding  Excellent  Good

**C. Global Assessment**

1. Compared to other EM residency candidates you have recommended as such last academic year, this candidate is ranked as:

<u>Ranking</u>	<u># Recommended as such last academic year</u>
Outstanding (top 10%) <input type="checkbox"/>	
Excellent (top 1/3) <input type="checkbox"/>	
Very Good (middle 1/3) <input type="checkbox"/>	
Good (lower 1/3) <input type="checkbox"/>	

Total # of letters you wrote last year:

2. How highly would you estimate the candidate will reside on your match list?

Very competitive  Competitive  Possible match  Unlikely match

**D. Written Comments**

Signature: \_\_\_\_\_ Dated: \_\_\_\_\_  
**STUDENT HAS WAIVED RIGHT TO SEE THIS LETTER**

**Key References: Planning your final year of medical school**

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New Orleans, LA

Saturday, Oct 14, 2006

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