



Council of
Emergency Medicine
Residency Directors

Advising Students Committee in Emergency Medicine

The Emergency Medicine Re-Applicant Applying Guide

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This applying guide is intended for those unsuccessful in matching in Emergency Medicine (EM) but not yet willing to give up on training in EM.

General Overview: If you were unsuccessful matching in Emergency Medicine you are now faced with a big decision: Do you participate in the SOAP (Supplemental Offer and Acceptance Program; “scramble”) and try to find an unfilled position (not EM)? As we will review it is nearly impossible to SOAP into an unfilled EM position.

Are you still intent on EM, even if it is not this year? Not matching this year does not mean you cannot become an outstanding EM physician. There are many unmatched candidates who would have a spot if it were not for late applications, poor advising, a bad test score, or bad luck. In this guide we will discuss how your options moving forward and provide some advice on how to approach the re-application process.

Part One: What to do now?

The first decision you are faced with is what to do for the next year. Although there is no concrete data regarding the best option, most people come up with one or more of the following plans:

1. **SOAP into an open EM** spot at a program you had not previously applied to.
2. **Take a year “off”** and do research or pursue a graduate degree like a Master of Public Health (MPH) to improve your CV.
3. **Extend medical school training** to a fifth year and improve your application for next year.
4. **SOAP into another discipline** with the intention of *reapplying to EM next year*.

Breaking Down The Options:

1. **SOAP into an open EM spot:** Using the SOAP to get into an open categorical PGY-1 EM spot is almost impossible; in 2017 the fill rate for EM was 99.7%¹. Conversely, there are usually many available spots in Internal Medicine, Family Medicine, and preliminary Surgical programs. There is no reason not to try to SOAP into EM, but a backup plan is required.

2. **Take a year “off”:** It is very difficult to complete an impressive research project in one year. It is possible to complete a graduate degree, such as an MPH, in a year. There is little data available to determine if either of these options is helpful. Anecdotally, some programs are interested in candidates that pursue these options and some are not.
3. **Extend medical school training:** This may not be an option for all students. The clear downside is financial cost, which is likely to be huge. If this is a viable option the experiences that can be built into that extra-year should produce a better qualified candidate for next year’s match. This is a particularly good option for solid candidates whose applications suffered from being late to EM; if insufficient opportunities to interview was the likely cause of your inability to match, then extending medical school is a possible solution. This option also leaves you available to fill a last minute opening that might come up after the match.
4. **SOAP into another discipline:** This is the most common backup plan- a year of something else. The clinical experience will better prepare the candidate for their EM training and can make them a stronger applicant. Going through the application process again can only enhance the perception of your commitment to EM. Many applicants have been successful using this pathway to eventually match into EM. If this option is chosen there are two primary considerations: what kind of year to do and where to do it.

WHAT kind of year to do?

There is no consensus among the EM program directors on what kind of preliminary (prelim) PGY-1 year is best, or if a categorical program (contract for full course of training) is the superior option. These are the most common options and some rationale:

- **Transitional prelim year** - some program directors feel this is the best preparation for a re-applicant. Training is typically split between surgery and medicine and many of the rotations match what is done in an EM1 year. This is generally a more rigorous experience than a year of IM and the future EM program may be able to give some credit. The downside is finding a suitable program at a hospital with an EM residency. The schedule may also lack

flexibility for doing an EM rotation (when a new letter could be obtained) and interviewing. In addition, at the end of the year there is no contract for further training if they do not match into something else. In recent years these spots have become increasingly difficult to find in the SOAP as less are available overall.

- **Surgery prelim year** - students choose to do this but few program directors think it is necessary, or more helpful than a transitional prelim year or internal medicine year. That being said, there are those who feel the more rigorous surgery year is more impressive. There is often little flexibility in the schedule to allow for a EM elective time and interviewing, and the re-applicant is left without a job after one year.
- **Medicine prelim year** - often provides greater flexibility for getting EM elective time early and for interviewing. Some program directors may consider this less rigorous. At the end the re-applicant is without a job; however, finding a categorical IM program that will allow them to start as a PGY-2 should be an option if matching into EM fails.
- **Medicine or Family categorical spot** - has the same benefits and downsides as a one year Medicine spot but with the added advantage of still having a training position should a re-application to EM be unsuccessful. There is an additional downside of needing to break a contract for the match into EM to be successful; this is rarely a problem so long as they are open and upfront with their IM program director. Re-application to EM is hard and the program director knows they have a high likelihood of keeping the resident; being supportive maintains a good relationship and is in their best interest.

WHERE to do it? (more important than WHAT)

The ideal position is one where there will be the opportunity to do an EM elective early (August, September) in an ED that has a residency program. This gives the re-applicant access to new letters from leadership in an EM residency program. The EM program director at this hospital is likely to be the best advisor and advocate for a re-applicant. Most EM program directors agree that these letters are the most important part of the re-application process.

Key Points

1. Consider extending medical school or participating in the SOAP to secure a non-EM preliminary or categorical position.
2. Whenever possible, strongly consider an EM rotation in the summer or early fall so you can have an updated SLOE.

Part Two: Improving the Re-Application

Before re-applying, it is important to critically review your application to determine why you did not match. Some issues may be obvious, but others may not be. Some issues may be surmountable while others may be more difficult to overcome. The information below can serve as a guide to reviewing your application and approaching the re-application process. You must aim to identify issues and formulate a plan for what you can do to counter these and strengthen your application.

Reviewing Your Application

It is often helpful to identify a trusted advisor to talk with about your application. Come prepared to discuss the number of programs you applied to, the number of interviews you attended and also take some time to reflect on your EM application, EM rotation performance and interviews. Even if you think that you know why you didn't match, an advisor may be able to offer additional insights to "red flags" in your application. "Red Flags" are things that are seen as warning signs to program leadership and may be the cause for your failure to match.

Why Applicants Don't Match and How to Deal with Them

1. **USMLE or COMLEX Scores:** This is an issue that is not correctable. Once you have taken the tests and passed, you do not have the opportunity to retake them to improve your score. That "low, but passing" score will follow you on all your applications. A failure on your USMLE/COMLEX will make matching in EM very difficult. The most important thing you can do is address your scores in your personal statement. Discuss why you feel you did poorly. More importantly, you need to talk about how this score does not define your clinical skills or desire to work hard. One other thing that may be helpful is taking and passing USMLE Step 3 prior to your re-application. While this is not mandatory,

it is another way to show your dedication and that you are able to pass a standardized test.

2. **Number of Applications:** Perhaps after you and your advisor review your application, you feel this is the most likely cause for your failure to match - then great! This is easy to fix. You just need to apply to more programs. As a re-applicant, even if you applied to an appropriate number of programs initially, you will likely need apply to more programs the second time around. In the 2016 NRMP program director survey 29% of program directors indicated they often interview prior graduates, however 71% responded they seldom do.² It is not unreasonable to have at least 40 programs on your list.³ As a rule, you will need to broaden the area you are looking at. You will likely need to look at programs that were not on your original list.
3. **Wrong Type of Program:** Some programs tend to be more competitive than others. Please note that this does not mean that “more competitive” programs are “better” programs. A combination of things such as geography, reputation and program characteristics help determine the competitiveness of a program. You should focus your efforts on programs that are a good match for you. This is where an advisor will be particularly useful as they may be able to guide you to these types of programs. Additionally, if a program has an area of focus that you have no interest in, applying to that program may not be helpful. For example, if a program has a strong research focus and you have not done any research and have no interest in doing research, an application to that program is not likely to be helpful to you. This is one area that the EMRA Match website (www.emra.org/match) may be useful. It gives guidance regarding minimum program requirements as well as if programs have specific focus areas.
4. **MSPE (Medical Student Performance Evaluation; Dean’s Letter):** If you had a particular rotation that sabotaged your application, it is crucial that you speak with your Dean’s office to see if you can get particularly egregious comments removed. If this is not an option, you must address this in your personal statement or you will be in the same position you were in with your first application. You need to have a reason and a response which should address what you learned from the experience. If you have multiple rotations with similar comments, you absolutely must address this and some of your explanation should include how you function better in the ED setting. You should explain

mitigating circumstances, but be careful not to just 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.

5. **Professionalism Issues:** These are tough issues to deal with and are most likely evident in your MSPE. You must address these head on in the personal statement with a focus on what you learned and how you have changed. Having a misdemeanor or felony history must also be reported in ERAS and must be explained in your application; ERAS has a text-box where applicants can include narrative comments regarding a misdemeanor or felony. For professionalism issues you must accept responsibility, take ownership of your mistakes, demonstrate making conscious changes for the better. Take some time to truly reflect on your experience, identify how you could have handled the situation in a different way, and be able to articulate what you learned from the past; the personal statement is a great place for addressing these issues.
6. **Letters of recommendation:** This is a hard category to address if the concern is that you had an unfavorable letter. If you were able to obtain multiple SLOE's it is possible that one of the letters was unfavorable. If there was one letter writer and/or rotation that you were unsure about, that is possibly the letter that caused you a problem. You should consider replacing that letter with a new letter. If you are in a training position, ask if you can rotate through the ED to obtain a new letter of recommendation.

Perhaps you were only able to obtain one SLOE. Although it is possible to match with only one SLOE from an EM training program, one must have a very strong application. If you were only able to obtain one SLOE and are currently a resident within a non-EM program consider talking to your program director to arrange an EM rotation as an elective where you can secure an EM letter. Alternatively, you might be able to see if the department will let you do longitudinal shifts (shifts on your time off that are not part of your residency curriculum/assignments). Assuming you are a resident in a training program, a letter from your current program director detailing your strengths would also be ideal.

7. **Interview Issues:** If you and/or your advisor are concerned you did not interview well, consider taking an interview course where they video tape you, give you feedback and make recommendations. Most are set up for business applicants, but the basic principles crossover.

Key Points

1. Make sure to perform an honest review and assessment of your application with a trusted advisor.
2. Address red flags in your application/personal statement.
3. Whenever possible, strongly consider an EM rotation in the summer or early fall so you can have an updated SLOE or letter of recommendation.
4. If you did a preliminary or categorical year, have your current program director write you a letter of recommendation.

Final Thoughts

If you have “red flags” on your application, re-applying and matching into an EM residency will be harder for you. In 2017, there were only six EM spots in the SOAP. Each year applicants with no “red flags” still do not match into EM, so someone with one or multiple “red flags” has an uphill climb. Your best bet may be to rotate/spend time at a program so they can get see how amazing you are and then hope that program takes you; however, even if they love you at that program, that is no guarantee of a match. While we are not advising anyone to not re-apply to EM, it is time to be realistic and make sure you have an alternative career path in mind. If you are in a prelim position or held-off on accepting a PGY-1 training position you can apply to more than one specialty at a time, making EM your primary choice and another specialty as your backup.

References

1. National Resident Matching Program, Advance Data Tables: 2017 Main Residency Match. National Resident Matching Program.
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3. National Resident Matching Program, Data Release and Research Committee: Results of the 2015 NRMP Applicant Survey by Preferred Specialty and Applicant Type. National Resident Matching Program, Washington, DC. 2015.