The Military-bound Medical Student (Kevin King, UTHSCSA, kingk4@uthscsa.edu)

A. How did they get a military obligation?

- **1 Undergraduate: ROTC or service academy (West Point, Naval Academy, etc)**
- **2 HPSP (Health Professions Scholarship Program)**
  - a. Military pays tuition, fees, books and equipment plus stipend
    - i payback is 1 year of military service for every year of scholarship used (3-4 years)
- **3 Combination of undergraduate and HPSP**

B. All military-obligated students MUST apply to military GME

- **1 Application cycle:**
  - a. starts in early summer and rotations in July
  - b. Interviews are completed by November
  - c. Decision in mid-December
- **2 A joint meeting of all military GME programs occurs in early December and the students are scored by three physicians**
  - a. Criteria: grades, LoR, "suitability", and **RESEARCH.**
  - b. Addt'l criteria students ARE NOT eligible for: internship, "field time" with a military unit after internship
    - i Students are competing against Interns and post-internship physicians for training slots
  - c. RESEARCH can push a student over the point "cut-line"
- **3 Outcome**
  - a. Military residency
  - b. Civilian residency with military deferment
  - c. Military transitional internship
- **4 Critical point**
  - a. It is possible that a military student may get a civilian deferment.
  - b. Students MUST apply to an adequate number of civilian programs to ensure successful match if deferred
  - c. Schedule interviews in January.
- **5 Other items**
  - a. Students MUST meet height, weight and fitness standards for their branch of service to be eligible for ongoing military GME.
  - b. They can perform active duty training on clerkships (two birds, one stone)
  - c. Military is a great opportunity with excellent training. Be enthusiastic!

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Post-graduate applicant (post-prelim, change of residency) Amita Sudhir, MD

A. Why did the applicant change?

1 Prelim year (due to previously not matching or late decision)*

- a. Must prove clinical excellence. Letters are very important
- b. Explain why they did not match in PS
- c. Address why any weakness that led to not matching have been compensated for by prelim year
- d. * highly recommend that students who are late deciders or fail to match do something clinical before reapplying to EM

2 Change of residency

- a. Personal statement very important
- b. Must have cogent explanation of why changing specialty
- c. Avoid denigrating original specialty
- d. If change due to issues in residency (i.e. lacks technical skills for surgery) must address in PS and ask letter writers to address why this would not ben an impediment to success in EM

- **3 For BOTH groups (prelim, change of residency), prior clinical experience is an ADVANTAGE. Play up during interviews**
- **4 Once decision is made to switch, student should ask PD to allow them to rotate in ED at their institution.**
- **5 Applicant should strive to be model resident. Not complainer during prelim or after making change decision**
- **6 Always be honest with PD about decision to switch**
- **7 If program is willing, letters should be in SLOE format**
- **8 Keep an eye out for open positions outside the match.**
- **9 Target newer programs who may be willing to overlook last minute career changes in favor of a clinically experienced, solid applicant**

The Unmatchable Student (Jeff Druck, MD — jeffrey.druck@ucdenver.edu)

A. Why are they unmatchable?

- **1 Step score**
- **2 School failures**

3 Professionalism issues

- a. in school
- b. out of school

- **4 Personality**

B. Reality Test

C. Reality Confirm

- **1 Data assistance**
- **2 Other sources**

- D. Create alternatives
  - 1 Load the boat
  - 2 Refer to others

Osteopathic Students in the Allopathic Match (Jennifer Avegno, MD — javegn@lsuhsc.edu)

- A. EM is one of the top 5 specialties for DO match (1st most popular after primary care) — about 8%
- B. Special challenges for DOs
  - 1 Overall match data
    - a. DOs get fewer interviews overall despite applying to more programs, more likely to have back-up specialty
  - 2 Historical match data for EM
  - 3 Fewer EM programs will consider DO candidates for interview (about 75%)
- C. AOA match or NRMP… or both?
  - 1 AOA EM programs — not at major academic centers, usually — approx 40
  - 2 AOA match process ends before NRMP rank lists due — "all in"
  - 3 Mentoring for students at DO school — not much cross-collaboration with ACGME schools (unless there is geographic proximity)
- D. Suggestions for success
  - 1 Mentors in allopathic programs — residents / faculty
  - 2 Programs historically accepting of DOs — focus on these or not?
  - 3 TAKE THE USMLE
    - a. Why this is a good idea...
  - 4 Away rotations at allopathic EM programs — early and often
  - 5 Must get SLOEs — DO programs currently do not use
  - 6 Strategize applying to one or both
  - 7 Back-up specialty — discuss early and plan accordingly (AOA match or backup?)

How to help match an IMG (International Medical Graduate) / FMG (Foreign Medical Graduate) into EM — Samuel Ayala, MD

A. What is an IMG/FMG student?

1. Why they choose to go there? — usually have trouble matching to US school due to scores, application, country of origin
2. Most common sites outside US — Caribbean, Mexico, UK, Australia, Israel, India, etc

B. How is IMG/FMG training different?

1. Location / language
2. Cost
3. Establishment, accreditation, affiliations, faculty
4. How do they structure their curriculum / schedules? Focus on Step 1 / CS.
5. Challenge of applying to 3rd year core electives, applying to 4th year EM electives in the US

C. Daunting task of applying to residency, especially EM

1. Step scores: average is higher, for EM a lot higher
2. Necessity of strong EM rotation performance with accompanying strong SLOEs
3. Showing dedication to EM — research, publications, active member in national organization, leadership roles
4. cost of applying to residencies
5. applying to backups

D. Other requirements

1. Certification through ECFMG (Step 1, Step 2 CK/CS)
2. Visa requirements and types
3. Overall cost and how to pay, some not allowed to obtain government loans