What is Emergency Medicine?

• “Acute Care Medicine”

• Adult and pediatric patients, minor complaints to critical patients, procedural field, resuscitate and stabilize, open all the time, will see anyone.

• In 1979 Emergency Medicine was recognized as the 23rd medical specialty by the American Board of Medical Specialties.
What is Emergency Medicine?

• “Emergency physicians require a broad knowledge base and possess the skills of many specialists - the ability to manage a difficult airway (anesthesia), suture a complex laceration (plastic surgery), reduce a fractured bone or dislocated joint (orthopedic surgery), treat a heart attack (internist), delivery a baby (Obstetrics and Gynecology), stop a bad nosebleed (ENT), manage suicide attempts and complex overdoses (Psychiatry & Toxicology), tap a septic joint (Rheumatology), protect an abused child (Pediatrics), and place a chest tube (Cardiothoracic Surgery).”

What is Emergency Medicine?

• “There are approximately 120 million Emergency Department visits per year. In the US, the ED serves as the only access to medical care for millions of people. As a result, in addition to delivering the highest quality of medical care, the emergency physician’s practice includes elements of public health, population health, and prevention. This may include screening, intervention, treatment and referral for a variety of illnesses and behaviors such as substance use disorders, interpersonal violence, depression and other mental health disorders, and undiagnosed illnesses such as hypertension, diabetes, and HIV.”
What criteria are used to select residents or what makes a competitive applicant?

- Step 1 score: Yes for interviews, somewhat for overall application. Step 2 score can be helpful as well
- Honors designations: Yes
- Awards: Yes
- Research experience: Maybe, not critical
- One key area is your performance on your EM clerkship, and your ‘SLOR’ from that clerkship

To be a more competitive applicant?

- Research: Again, maybe, but not critical for most programs
- Join societies: Nice to do, won’t make/break your application
- Take certain electives / courses: 2 EM clerkships, with 2 different SLORs is standard. Other common electives are ultrasound, toxicology, EM research, ICU rotations.
A day in the life of:

- Resident: About ½ of your time in the ED, about ½ of your time on off-service rotations such as MICU, SICU, Orthopedics, Plastics/Hand, Cardiology, Toxicology, Pediatric EM etc.

- Doctor: Shift work—8, 10, 12, 24 hr shifts. Day/evening/overnight, weekdays, weekends, holidays. Very flexible. No real call (except for disasters). Range of practice types: Community, Academic, Hybrid, Administration, Subspecialty

How many years of training are required?

- How long is residency: **3 or 4 years** (~85% of programs are 3 year programs)
- Is a prelim year required: **Rarely** some of the 4 year programs will have you do a transitional year, but no 3 year programs require a prelim year and most 4 year programs are PGYI-IV.
- What fellowships / subspecialties can a resident go into: Toxicology, Pediatric EM, EMS/Prehospital Medicine, Critical Care, Sports Medicine, Palliative Care, Hyperbaric Medicine, International Medicine, Quality/Patient Safety
To find out more about specialty

- Contact (name and email)
  - Cullen Hegarty @ Cullen.B.Hegarty@Healthpartners.com
  - Keith Henry @ Keith.D.Henry@Healthpartners.com

U of M EMIG:  www.emigmn.org/
SAEM website

AAEM ‘Rules of the Road’
Preparation for EM clerkship

Final recommendations:

• If you are interested in a possible career in Emergency Medicine:
  • 1: Find a mentor
  • 2: Use available resources
  • 3: Take EM rotation later 3rd year at a site with a residency (for SLOR)
  • 4: Take a second EM rotation later 3rd/early 4th year (for second grade/SLOR)
  • 5: Join EMIG
Questions????