

## Notes from “What if I Don’t Match” Hangout

### Dr. Cassie Lowry-Edmark:

My backstory: I’ve been a diehard, dedicated, highly involved, leadershipy EM hopeful with a CV that screams EM but I was behind the ball for applications this past year in terms of boards and SLOEs (because I had difficulty securing early auditions d/t my boards). I wasn’t getting many interviews outside my auditions and most of them were later in the year anyway so I realized my chances of matching EM were getting very slim or impossible. After reaching out to friends and my community of folks, I was convinced that it was better to rank a one year program with the likelihood of matching a TY instead of EM than take my chances with the SOAP. So I did that and I did match the TY I interviewed at. My PD has an extensive background in EM so he convinced me during my interview that they’d have my back and set me up for a great application, and so far that absolutely appears to be the case. I’m doing a home EM rotation with them first thing, and an audition with an EM residency program nearby starting late Aug. I’ll have an overabundance of SLOE’s but more importantly I’ll have very recent ones. I’m also going to consider taking Step and Level 3 prior to the application season kicking off since I need the boost, but that’s only if I can carve out time to dedicate to it. I’m going to work my butt off this summer to get outstanding letters, but then build and optimize the rest of the year in rotations I didn’t get to do as a student but will maximize my training for EM (cards, neuro) and generally fill out the year a lot like an EM intern year so trauma surgery and ICU are priorities. I’ll rewrite my personal statement to reflect how I’ve grown, what I’ve learned, what I’m doing different, and how my vision of a career in EM has come into more focus (especially over this past year). I’ll reach out to some of those programs I’m exceptionally keen on just in case I still get caught in the filters again. But in the end I still may not match in EM so I’ll be considering any and all direct opportunities/offers as well. If that doesn’t work out, I’m looking at rural “cowboy medicine” programs because they’re still in line with what I want my career to look like and where I’ll likely end up. I may or may not apply to those right out of the gate, and still have a couple months to figure that out. I’m also thinking greatly about an IM track to critical care but may encounter a host of challenges applying to those, not less. But in any regard, I don’t have all of the answers but I am happy with where I am now and have a great year to look forward to.

Basic review of TY vs TRI vs preliminary year programs (as it pertains to the civilian Match)

- DIT has a great synopsis:  
<https://www.doctorsintraining.com/blog/figuring-out-the-transitional-preliminary-and-categorical-year-for-residency-application/>
- FREIDA has 155 listed as TY:  
<https://freida.ama-assn.org/Freida/#/programs?program=residencies&specialtiesToSearch=999>
- Read the programs’ mission statements and contact program coordinators regarding their ability/investment for you toward EM.
- Look for TY’s that have EM residency programs in house: potential for lateral transfer, year-long audition, EM-oriented rotations, etc.
- Alternatively look for those with PD’s who come from EM or have experience with interns applying to EM who can guide you and set you up for a great application and EM-oriented schedule.
- Preliminary years (in the classical sense of the term) are not oriented toward EM, rather the PGY2 categorical placements they’re designed for so unlikely useful for you but if you’re in the SOAP process, they’re still an option:
  - Radiology
  - Neurology

- Anesthesiology
- Ophthalmology
- Radiation Oncology
- Dermatology
- Surgical prelim year (as Karina mentioned, these may be bountiful so go for it)

How does this fit into an EM application cycle? Depends. I personally do not like to gamble but I didn't know all of this until well into the cycle, so after some very good advice from a good friend I sucked up my pride and sent out some applications to TY's I felt I could really get behind. I heard back from one, interviewed there, ranked them, and matched them. I think I got lucky with the timing.

Bottom line, if you're not going in with a **considerable/high USMLE/COMLEX score** (1 +/- 2 CK) (cutoff varies per program AND the amount of applicants they get) **and 2 SLOEs** when the application season starts in September, consider the one year programs. **Every program filters because of the volume of applicants they get.** Think going from thousands of applications to 300. It just has to be done. Even programs that didn't fill their spots in recent years are doing it, so you can have an outstanding CV and all the experience and it doesn't matter because they won't see your application. The coordinators may tell you they'll accept late SLOEs and want to be emailed when you add scores and the like but that doesn't mean the PD's will see it. Fact is they most likely have filled their interview slots very early and may even have their rank lists may be set by the time you get your Step 2 score or additional SLOEs so late materials are less likely to change anything for you if you didn't have enough up front.

You can apply and interview at TY's alongside the EM programs during the cycle, and rank them accordingly. If you can work in the TY interviews definitely go for it but they do also become more limited as the year goes on so don't hold back too long (or at all). If you have a direct match into a one year, you're contracted in and cannot SOAP that cycle. Transferring gets tricky with the NRMP Match Agreement so read the fine print.

- <http://www.nrmp.org/requesting-waiver/>

Talk to people, alumni, other EM residents, EMRA advisors, etc. Find resources online and ears open to look for newly open spots or newly accredited programs:

- <https://www.unmatchedmd.com>
- <https://apps.acgme.org/ads/Public/Reports/ReportRun>

**Would you recommend having a back-up ad how do you go about strategizing your EM interviews and back-up interviews?** YES and you may not have time to build a gauge for this if you think you're riding the line between "competitive" and "uncompetitive." EMRA does a good job of distilling this every year and some programs push that info out but some don't. Just assume they all filter aggressively. So if you think there's any chance you won't be on top of the deck, apply to your backups early so you still have time to interview with them as well. As Karina mentioned, even just apply to them up front. I think I got very lucky that I applied to and interviewed at a TY when I did, so don't do like I did by waiting. **As programs increase their step 1 cutoffs each year, as an applicant with a below 205 Step 1 on first attempt, what can I do to become a more competitive applicant? It seems very difficult just to setup up away rotations during the crucial SLOE months.** The advice I got from the PD's I followed up with recommended i email programs up front directly if I didn't think I would get past the filters. And be transparent. They want to see personal growth. They may not care about the score itself in terms of what kind of physician you'll become, but you still need to get your app in front of them.

**Recommendations for applying/matching to EM from TY?** Haven't done it yet but advice I've received is EM early, get a great PD letter, and interview your butt off. This can be problematic depending on the rotations you have so work with your coordinator to get flexible ones from Oct-Dec. Get your Step/Level 3 score in if you can and need the redemption. Also utilize opportunities outside of the Match as much as possible, like direct offers.

**How important is USMLE in regards to reapplying for EM residency?** Same/depends. Redeem your score as best as you can if you need to but don't rush and shoot yourself in the foot. My program has enough flexibility I'm going to carve out time to dedicate to studying (which I need) but only if that's an option will I work to get that done early enough to factor in to my application.

**How much do Visas play in selection? I applied last year and had excellent SLOEs but didn't match apparently because I needed a Visa.** Karina spoke to this.

**What can I do during a Transitional internship year to make my application more competitive outside of taking Step/Level 3?** Great letters! SLOEs are still key - get as recent SLOEs as you can so do EM early as an intern just like MS4. You're still going through the same process but will have a couple months of residency under your belt to utilize and all of the previous months to reflect on as well.

**What alternatives exist after SOAP?** Look for PGY1 positions that open up. Interns change their minds or get fired so positions open up and programs are motivated to fill them.

**What jobs can one acquire with an MD that are helpful to matching later on?** JD and Karina spoke to this best.

**Any tips for soliciting feedback on your application after the match process? I have not gotten many replies via email.** I had the best success from people that I rotated with or met in person, or had a second look at some point. Followed up in person and over the phone. I was honored with how generous they were with their time. Wasn't a 100% response rate for me though. People get busy but it's ok, I got consensus from those I did talk to, enough so to focus my strategy for next year.

**How successful are EM reapplicants / what percentage of EM reapplicants successfully match into EM?** Wish I knew stats on this. It happens, that's as best as I know but not likely 100%.

**What are the chances of matching EM through SOAP?** Anecdotally not great, and definitely not guaranteed for anybody.

**What are the chances of switching out of an IM residency after PGY-1 and reapplying EM for PGY-2 positions?** Hard to know the actual number but it does exist. You can run into a problem with the NRMP Match agreement so read that before pursuing anything. <http://www.nrmp.org/requesting-waiver/> If this is an option you'll want to be able to transfer credits to use as little of your ACGME funding as possible that first year but where you go depends on how and whether you'll be able to transfer anything. I'll admit I still don't understand the ins and outs of the ACGME funding but my PD does so I have a good team supporting me this year to help with navigating the ACGME bits.

**What can you do if you don't get any residency position?** As above. Look for openings that arise over the year. At least in that case you're not bound by a Match agreement but downside is that you don't have on-going training to utilize for your application or experience to show for it, and you have to pay on your loans so an income is important. I've heard great regard for former TY applicants since they're coming in more prepared than regular EM interns, and your PD letter will actually reflect your ability as a resident which is what they're trying to assess anyway so if I had to choose, all things considered, I'd still choose the TY hands down.

## Dr. JD Escobedo:

TTUHSC grad

Maintained interest in EM for CV but was not heavily involved until the middle of my 3rd year, mainly because I was told to not worry about specializing until 3rd year rotations. Also from an orphan program (no home EM residency). I think I would have performed better in school and definitely would have been more competitive if I went after EM earlier during MS1 and MS2. If you're in your first/second year I would get involved with EMRA or your state college of emergency physicians as soon as possible.

Mediocre STEP 1 with improved STEP 2.

CK and CS results were not sent by USMLE until late November (check with home program or away rotation to make sure scores can be seen)

No red flags

Always completed at UTHSCSA, TTUHSC-EI Paso, OHSU, UVA

Only received two other interviews outside of the interviews that were provided with my auditions (Baylor and Baylor Scott and White).

Reached out to programs (about 30-40) and told them about the CK/CS reporting error and let them know I was interested in the program, listed examples of what I liked and what I could offer, but never received any other offers.

SOAPed into a categorical FM residency spot, my school emphasized getting into an FM or IM spot over prelim or transitional years.

Adding to Karina's information about SOAP below VVV

Questions

**Recommend having a backup?** Absolutely, do whatever you can to avoid going through SOAP. If you're on the fence with another specialty then that should be a no-brainer but if you're set on EM then apply to a few prelim spots (that have EM programs) just to make sure you will have something to build on that will give you EM experience and will allow for travel to multiple interviews.

**How Important are USMLE scores?** We know they are important but it seems to be a mixed bag. I have talked with a number of EM faculty involved with interviewing and programs seem to be viewing you as a gestalt and not just a STEP1 score. However, every year the applicant number is rising and the programs need to be able to reduce the piles of applicants into manageable sizes.

**Alternatives after SOAP?** Stay involved with EMRA and use the hyperlinks provided by Cassie to see what openings have become available. EM spots open throughout the year so you can always fill those spots. The consensus I have received is stay close to the clinical setting. MPH, MBA, and Research are helpful but nothing will benefit you more than showing you can continue to excel in a clinical environment.

**Soliciting Feedback?** I think reaching out to programs you interviewed or did auditions at is perfectly okay. I sent emails to programs I did auditions at during Match week (be aware this is okay but it is a Match violation to contact programs that are involved in the SOAP, so please

only contact programs you cannot SOAP into if you are going to reach out to anyone). I received helpful feedback and/or assistance from every program. If the program is not responding to your email then I would suggest not pushing further.

**EM Fellowships through FM?** This link will show you the available EM fellowships offered via family medicine. <https://nf.aafp.org/Directories/Fellowship/Results>

As Karina mentions below, EM job offers are trending toward only accepting board certified EM physicians. The majority of EM positions offered on Locum Tenens require board certification in emergency medicine. The EM fellowship today is not considered equal to board certification. Consider what that will look like in 10-20 years. Also be aware that all of the EM fellowship positions are in tiny towns. If you have a significant other, family, or want to live in even a small city then you may not appreciate these locations. There is always rural FM/EM (“cowboy medicine”) that is welcoming to FM docs right now but this path will be limiting as far as location, academics, and the level of trauma center.

### **Dr. Karina Sanchez:**

#### **Quick version of my story:**

Ross Grad (IMG)

Mediocre Step 1 with improved Step 2.

Hard to get auditions since we can't use VSAS

Wasn't heavily involved in EMRA back then because couldn't figure it out since I didn't have a home institution to connect with people.

Was told to apply FM back up but I really really dislike FM.

Realized that Surgical prelim spots are always left in the SOAP.

Applied EM and Surgical prelim. Got 3 interviews.

No Match.

4 rounds of SOAP with match into surgical prelim at a program with an EM program.

“Begged” my way into the ER.

No new SLOEs (not a thing in Surgery. Can't do ER rotations)

Letter from my PD.

Only 2 EM interviews (my current program where I already worked + 1 other) + an interview in my Surgery program in case to stay on (again a backup).

Matched in my current program.

#### **The goal is to AVOID not matching**

- apply backups right up front with applying to EM.
- Transition year (TY) vs. Prelim
  - TY typically is like med school. Rotations in OB, family, IM, surgery, etc. Designed for people doing things like Radiology, where they will never touch patients

- Categorical positions: Internal Medicine vs. Family Medicine
  - Internal medicine has lots of fellowship options to stay busy with your hands (GI, Interventional Cardiology etc)
  - Remember that if you're not terribly competitive, IM is also kind of competitive.
  - Family Med can be followed up by an EM fellowship
  - However, EM is going the way of making sure everyone is EM boarded and trained. So it may not be a great long term option as you may experience trouble in the job market
  - REMEMBER, if you match into these... you're committing to do these! Think if you really want to do that. If not, pursue a prelim or TY.
  - The FM or IM categorical options will eat into your ACGME funding. For every year you spend in that categorical spot you lose that funding and place the future expense into your EM program which will limit your chances
  - If you reapply out of categorical positions the categorical program will most likely not offer you a position the next year as they will try to fill your position as soon as possible. Be aware of this. Residency is a business and there are patients to be seen whether or not you are there.
  - Categorical IM or FM positions come with clinic hours and your schedule may not be amenable to the travel needed for interviews. TY and prelim years tend to be more understanding for the travel needed and for what you're wanting to do.
  - Wherever you end up, make sure they have an EM program. It will benefit you to get involved in the ED and to hopefully get a new SLOE (yes, there are SLOEs for residents) before ERAS opens again in September.
- Your personal statement can for the most part be the same with the last paragraph (or first) changed into why the prelim will help you

### **Now you DID NOT match EM. What next?**

#### **SOAP**

- SOAP sucks. Do everything you can to avoid it. Be there for your friends if they have to go through the process.
- You're given 45 applications for free right up front. No option to buy more.
- Be honest, if you are in this spot, I don't recommend wasting your 45 apps on the very competitive 18 spots left in the SOAP.
- Use them on unwanted specialties. There is always a lot of Family medicine and Surgical Prelim in the SOAP.
- In my year (2015), the rate of Match through the SOAP is only 18%. Don't risk it.
- All the information is online. Make a spreadsheet to figure out where you are going to apply.
- Be ready for an interview by Skype at ANY time! (I was up 5am PST to 8pm PST with my makeup on, my suit top ready, and not leaving the house).
- Use this time waiting for Skype interviews to look for jobs to stay relevant: teaching assistant at your institution, research, MPH, scribe, etc etc.

- having said that, my classmate did landscaping and ended up matching with me the following year into EM
- SOAP timeline
  - Monday: Find out you didn't match
    - Go straight to campus and get to work on your ERAS application
    - Your campus will know ahead of time and will hand you a stack of papers or send you a pdf of all the available SOAP programs by specialty. Each specialty will have contact info and the number of spots available.
    - Personal statements, helps to have at least one friend with you to assist with writing or editing personal statements depending on what specialties you are applying to. As Karina mentioned above, I think it will save you crucial application spots (regarding the 45 you can apply to) and stress to focus on prelim or transition years. I wasn't aware of this and applied to mainly FM, EM, and some unrelated positions like Derm and PM&R. My school was focused on just getting us to match somewhere and the emphasis was misplaced on FM/IM spots instead of prelim/TY. I threw in about a handful of prelim/TY spots at the end and since so much effort went into writing new personal statements for the other specialties I just tacked on my EM personal statement (I would not do this and follow Karina's advice instead)
    - Programs will begin reviewing applications and contacting you (maybe late in the evening and early Tuesday)
  - Tuesday: Programs will continue to reach out to you and make their rank lists
  - Wednesday: Certify your rank list by noon then Rounds 1 and 2 (2 hours to accept during each round, offers are gone for good if you reject, ***be sure to tell programs "I will accept your offer"***)
  - Thursday: Round 3

If you DID NOT match in SOAP:

- Use this time waiting for Skype interviews to look for jobs to stay relevant: teaching assistant at your institution, research, MPH, scribe, etc etc.
  - having said that, my classmate did landscaping and ended up matching with me the following year into EM

If you DO end up with your backup:

- now you have to work as an intern and apply again.
- Applications come up REALLY fast once you start.
- You need your SLOEs and if you can get more then GREAT.
- If you can not get another SLOE, you NEED to get one from your new PD
- Step 3 +/- . If you need a better score to help your application and feel you have time to dedicate to it, then take Step 3. If you are going to focus on the juggling that is intern year, consider delaying until your second intern year as you will avoid the risk of a worse score harming your application.

- Prelims and TYs are usually pretty accommodating of interviews. They know that you have to. Categorical like FM and IM will be harder.
- Your ERAS application will save. You just need the new letter and new statement.
- Be HONEST with your PD about your goals. You do not want bad blood.

Other questions asked:

- **Visas.** Look at Frieda. Some programs know how to do it and some don't. They can be a problem and even supportive programs can end up without a resident for 6 months as they handle visa issues. Some programs won't deal with Visas for this reason
- **Step filters.** Usually Step 1 since USA grads don't necessarily have to have STEP 2 before applying.
- **When to have your letters?** By September ideally. While most EM programs agreed not to look at applications until October 1st, there are still some giving interview early. Don't get into a situation where you are not being looked at because something is missing from your application. And as JD and Cassie said, follow up to make sure they got it later.
- As Cassie said, this doesn't mean you should turn down away rotations in October. They are still good for auditions and interviews. But try to do as many earlier as you can so your application is complete.
- **Anecdotally,** I have seen an EM resident switch after 1st year to FM at my program. I also have 1 graduate from my program that did a TY and got some credit. I also have 1 attending from my program who started in FM and switched. You hear all the time about Surgical residents that switch to EM. So while it is rare, it can be done.