

EMERGENCY MEDICINE RESIDENTS' ASSOCIATION

How to be a Rockstar Mentor



**A Resident's Guide
to
Mentoring the Medical Student**

A Product of the EMRA Medical Student Council
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EMERGENCY MEDICINE RESIDENTS' ASSOCIATION

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Chapter 1

James Luz, MS-IV

Mentorship Coordinator-MS

Introduction: What is a Mentor, Anyways?

Most of us know the general definition of a mentor. In fact, we would not be where we are today if it wasn't for someone, with far more wisdom and experience, who chose to take us under their wing – to be our mentor. For our purposes, an EMRA mentor is a current resident who helps guide bright and anxious, yet at times confused, medical students who are navigating the course to a successful match in emergency medicine.

In many ways, a resident mentor is one of the best resources for a medical student as they are one who has successfully and recently “been there; done that.” Attending physicians make great PI's, clinical educators and letter-writers, but unless you are lucky enough to get paired with the Residency Director, their information may be limited and outdated when it comes to questions like, “How many programs should I apply to,” or “When should I take Step 2.” Likewise, the Dean or School Advisor may know the application process, in general, but often has limited knowledge or access to information specific to every specialty. An EMRA mentor, on the other hand, is one who shares their experiences and struggles and uses their recent personal experience in order to advise students on everything from getting involved early in med school to 3rd year rotations to the application process. After all, you just finished the whole process. If this sounds interesting, read on.

Mentoring is a tradition that is engrained throughout medicine and the sciences. This is your chance to take part in this tradition, by serving as an EMRA mentor. It's not just a one-way street though. Many EMRA mentors report a sense of extreme satisfaction helping medical students, especially when they get the email from their mentee saying, “I matched into my first spot!” Additionally, there is great personal growth potential possible for the mentor as they are forced to reflect on their past successes and trials. After all, this is more than sending out a photocopy of the page in First Aid where it gives the timeline to 4th year. This is your chance to tell *your* story and help others to learn from *your* experience. Finally, this is a great addition to your CV.

How am I assigned to a student?

An EMRA mentor is assigned to a student based on a variety of criteria, all of which are determined by selections made on each respective application. Most students say that having a mentor in the same geographic locale is the most important to them, so we try to accommodate. However, other criteria may be just as important. For example, one may prefer a mentor with a family, who is an Osteopath, who is in the military or who is interested in a particular sub-specialty. You get the idea. While we can't guarantee meeting all of these criteria, we certainly do our best.

What is the relationship supposed to be like?

In general, you will communicate with your mentee(s) via email, phone, at conferences, etc, on an agreed upon frequency. This frequency will change depending on the student and the time in their life. For example, one does not need to do weekly emails when telling a first year to join their local EMIG. But, during interview season, the student may have unexpected questions that come up, in O'hare airport in mid-December, requiring more frequent contact. In the following pages, we will give more guidance on what is appropriate for frequency.

While distance can seem like an obstacle to effective communication, many mentors and students report creative ways to get around this. As mentioned above, one great way to deepen the relationship is to plan to meet up at the next regional or national conference. A cup of coffee or lunch with your student(s) would certainly make their trip worthwhile. Others do phone calls, Facebook chatting and even Skype'ing. In the following chapters, we will discuss how to best communicate with your student and how to keep them engaged.

What am I expected to do as a Mentor?

The best way to approach being a mentor is to start with an open mind, realizing that others may have different strengths, interests and input from other sources. That said, you can never go wrong with saying things like, "In my experience, I found that...." This way, students can choose to weigh your advice with their goals and needs. With this in mind, we ask that you give advice in a respectful and professional fashion realizing that students may reveal more vulnerable aspects of their lives to you versus their Dean or PI.

While we encourage the individualized and personal nature of student mentoring, there are a few topics that every EMRA mentor should be sure to cover during their relationship with their student(s). Generally, these fall into categories of: 1. Deciding if EM is right, 2. Pre-clinical preparations, 3. Clinical years and, 4. The residency application process. What's great about EMRA is that there is so much information available to you and medical students. So even when a med student is asking about something you are not familiar with, chances are EMRA is. In fact, part of your job is to direct them to various available resources. Even a simple, "Hey, have you checked out the new podcast on...?" can help supplement your personal advice.

What do I need to do to prepare?

Later in this book, you will be given a more complete description on how to prepare for a successful mentorship. For our purposes now, the key is personal reflection – a trip down memory lane. We recommend that you reflect a bit on what it was like for you when you were in each specific year of med school. What was it like for you when you first arrived? Did you know you wanted to do EM or did it come to you later? How did you make up your mind? What steps did you take to help ensure your successful match? And so on.

We thank you for choosing to become an EMRA mentor. Please familiarize yourself with the remaining chapters in this manual. We hope this manual will assist you in becoming an excellent mentor – both as a resident and as a future faculty member. And most of all have fun with this experience.

Chapter 2

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What is Expected of Me as a Mentor?

A recent survey among medical students participating in the EMRA resident-student mentorship program indicated that nearly 70% of respondents would prefer that their mentor adhere to an EMRA mentoring format.¹ At the same time, one of the key benefits of resident-student mentorship is the unique and individualized guidance that is offered by the resident. We believe the best mentoring experience for the student results from a combination of both. To accomplish this, the Rockstar mentor draws on a summation of personal experiences, yet adheres to a general set of guidelines ensuring that each student receives direction on specific fundamental issues and topics. This chapter is designed to help you understand these fundamentals that should be addressed with each student. For more information on how to individualize your relationship with your student, see chapters 3 & 4.

Must-Know Topics

The overarching goals of the mentorship program are to help the student navigate through medical school, learn more about emergency medicine and select & successfully match into a training program that best suits them. For this to happen, there are a few topics and issues that must be addressed with each student seriously considering EM. The following is a list of topics that should serve as the foundation for your relationship. Of course, this is not an exhaustive list and discretion is given to you to supplement it based on your personal knowledge and experience. See Chapter 5 for more information about the timing of these topics.

1. Regular Communication

At the beginning of your relationship with your mentee, you should discuss and define the frequency of your communication. It is important that you take the lead on this because students may often feel intimidated to contact you if nothing has been defined. There is no set rule as to the frequency of communication, just that it is adhered to within reason. There will be times when you are on a very busy service or your mentee is away on rotations or vacations, etc.; but do your best to keep regular communication. The frequency will likely change throughout medical school and will increase during application season. Likewise, be aware that questions around application season may be more time-sensitive, so timely responses are greatly appreciated. Chapter 4 of this handbook has additional information on how to engage your mentee.

2. R-E-S-P-E-C-T

While it may seem like a no-brainer, it is imperative as a representative of EMRA that you treat your mentee(s) with respect at all times, just as you would your nurses, colleagues and attending. Everyone goes through challenging times and medical school can be particularly difficult for students. Medical school is an introduction to an entirely different culture, with a different language, different expectations, different hierarchy, etc. Students often go through personally trying times that are out of their control, which substantially impact their ability to succeed in medical school, communicate clearly and engage you.

Respect, then, may not always be as easy as it seems. Often your mentee(s) will reveal very personal information, including struggles and failures that they don't even reveal to their student colleagues. Since your relationship may consist of email communication, misinterpretations can happen. Understand that your mentee is doing their best. Consideration of this is especially important when evaluating the CV or Personal Statement. Additionally, when giving advice, you are giving just that – advice. As such, students may, after considering it, choose to heed or disregard your guidance. In the latter, it is important to realize that the student is often getting advice from multiple sources and is adapting this advice to their situation. These circumstances, though, are rarely the case. A vast majority of students have great mentoring experiences and are very appreciative of the service that you provide them.

3. *Is Emergency Medicine Right For Me?*

This self-reflective question should be asked at the beginning of the relationship and serves as an excellent way for you to get to know your mentor. Your level of questioning is also dependent on when your relationship begins. Early direction to some of the “hot topics” in emergency medicine will help deepen their understanding of the specialty – beyond no call, flexible schedule and cool traumas. As the student advances through education, it is helpful to occasionally revisit this question – especially after completing a rotation in the ED.

4. *Being competitive*

Where would medical students be without competition? Chapter 21 of the EMRA Medical Student Survival Guide (MSSG) entitled “The makings of the ideal emergency medicine resident applicant,” is an excellent initial resource that summarizes research indicating what program directors are looking for.² The chapter cites a study which suggests that the most important criteria in resident selection were EM clerkship grades, the interview, clinical grades and letters of recommendation.³ Foreknowledge of these criteria will help the student focus their efforts to excel in these areas. Though this was one study and each program is unique in what they value, take a few moments to review this chapter. If you don't have a copy, refer your mentee to this chapter (and the entire book for that matter) for more information.

5. *Extracurricular Activities*

Though extracurricular activities were not as esteemed in the aforementioned study, participation in them can be of tremendous help in supplementing the student's qualifications when it comes to rank list time. Additionally, activities are helpful in exposing the student to

the field of (emergency) medicine. In fact, one question on the Standard Letter of Recommendation asks writers to indicate the student's "commitment to emergency medicine".⁴ While not directly implying previous participation in extracurricular activities, these experiences give students extra opportunity to consider this career choice. Encouraging such participation depends on at what point your relationship begins with your mentee. If they are in the pre-clinical years, involvement in their EMIG, EMRA, AMA and or AMSA should be encouraged. During clinical years, students may be interested in increasing their involvement with EMRA. At any time, research (EM or non-EM), local or international service, as well as leadership opportunities can be pursued. The emphasis, here, is that students be encouraged to pursue what they are interested in. Significant involvement in a few areas is much preferred to playing minor roles in a broad range of activities.

6. *Fourth Year Elective Selection*

As one resident put it, "There is no preparation for residency," when responding to a question regarding which 4th year electives to take. Regardless of our personal beliefs, there are three general themes guiding elective selection in the 4th year (assuming they don't just want a vacation): 1) to prepare for residency, 2) to fill in any educational gaps and 3) to study something of interest outside of the realm of their intended specialty. The first two often go together in preparation for emergency medicine residency. Chapter 19 of the EMRA MSSG suggests the following electives for preparation: anesthesia, MICU/SICU, dermatology, ophthalmology, orthopedics, radiology, sports medicine, toxicology and trauma.² A light rotation or reading elective may also be helpful during interview season. More information can be found on emra.org under the medical student reading recommendations subheading "must reads: planning your final year of medical school."

7. *Preparing for the Emergency Medicine Rotation*

Quite possibly the most important four-weeks in medical school for the EM-bound student, it is essential that the student have done some type of prior preparation. While there are no fool-proof means that ensure success on the rotation, a diverse approach to preparation should be encouraged. What are the likely things a student will be exposed to? The major topics include trauma assessment & ACLS, basic ED procedures (suturing), clinical prediction guidelines (like Ottawa ankle criteria) and developing symptom-based differentials. There are many tools available to the medical student through emra.org, so be sure to refer them there. Also, students who join EMRA receive EMRA's "Top Clinical Problems" and the EMRA "Clinical Prediction Card."

8. *Away Rotations?*

Much has been written about the benefits and pitfalls of doing away ED rotations. They are generally indicated for students who either do not have a home ED elective option or for students desiring to match into that specific program. Rather than giving "yes/no" recommendations to your mentee regarding the scheduling of away rotations, the medical student section of emra.org is replete with information on this subject. There, students can find information on the pros and cons of doing away rotations and when to schedule them. Get

the student thinking about applying to such programs during the winter of 3rd year, as the VSAS system opens in early spring for most programs. Many programs require a picture (professional), CV, Step 1 scores, school transcripts and even a letter of recommendation – it's a good preparation for residency applications.

9. *The CV and Personal Statement*

Aside from program directors and other ED faculty, most medical students do not have access to objective feedback on their CV and Personal Statements. Further complicating matters, some students may be reluctant to ask for feedback because of fear of “looking bad” if these works are poorly written. As a mentor, serving as an extra set of objective eyes and constructively offering criticism can be of immense help to the student. Be sure, when giving feedback, to provide both positive and constructive feedback. Some reviewers like to deliver the “feedback sandwich”: positive feedback, then constructive, then ending with positive feedback. When criticisms are offered, give possible suggestions and solutions. Rather than focusing on content, you should focus on readability, length and whether it communicates what the student intended it to. It may even be helpful to forward them a copy of your CV and Personal Statement if you feel comfortable. Finally, warn them not to plagiarize from anywhere as programs are becoming more aware of these occurrences.

10. *Interview Tips*

Interview questions can be largely program and applicant-dependent. As a resident, you are relatively fresh off of the interview trail and likely have anecdotal stories about personal or reported questions and experiences at many different programs. This is just as true concerning events surrounding the interview including travel, cost, lodging, scheduling, the “informal” social gathering, etc. Devoting a half-hour or so of your time for an email, phone call or meeting during early October of your mentee's 4th year will surely make their day – and their year. Emra.org, yet again, is an excellent resource for tips and commonly asked questions on interview day.

11. *Residency Program Selection*

Both saem.org and emra.org have excellent sections devoted to EM residency databases that save the student from visiting each program website for research. In addition to directing your mentee to these resources, you can help them by inquiring as to what they are (or should be) looking for in a program. Do they want 3 years or 4? Do they know the difference between them? Where do they see themselves practicing – urban, community, academic? Do they have a particular program or region they are interested? Are they interested in a fellowship? Again, your personal experience, here, is key. How did you select programs, initially and closer to the match?

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1. Mentorship Survey Results. *EMRA*. 1125 Executive Circle, Irving, TX 75038-2522, Feb, 2011.
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3. Crane JT, Ferraro C. Selection criteria for emergency medicine residency applicants. *Acad Emerg Med*. 2000;7:54-60.
4. Council of Emergency Medicine Residency Directors. Standard Letter of Recommendation. <http://www.cordem.org>

Chapter 3

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Before You Begin

Put yourself in their shoes

While you may feel like medical school was eons ago, your experience as a recent medical graduate is something few other people can offer. It is an ideal perspective for the medical student about to embark on your journey of residency.

Before you respond to your mentee's initial contact letter, think back to your second or third year of medical school. What challenges seemed to loom largest on your horizon? Step 1 and 2? Clinical evaluations? A never-ending research project? Concerns about extracurricular involvement? Relationships that were hard to maintain? Regret over some of your first or second year activities? Also consider what excited you the most. Was it the pace of the ED? The opportunity to care for patients across the whole socioeconomic spectrum? The career flexibility? Procedures or protocols? Clinical care or research horizons? Interactions with EMS or other providers?

Now consider the ways that your mentee may differ from your perspective. Medical students are finding earlier and earlier ED clinical experiences that settle them on a probable specialty. "Non-traditional" (older) medical students are increasingly common. Preparation for Step 1 starts earlier each year. Your mentee may love research, or may have had enough of it. Perhaps your mentee is planning on a dual degree. Make sure that your reflections and advice value any and all of these paths. There is still a niche and a need for nearly all types of clinical interests in EM!

The medical students in your ED may currently be on the bottom of the proverbial totem pole, but by beginning the mentor/mentee relationship, you have expressly tipped that axis. You have established that your mentee is actively seeking to become a leader in EM, and you are here to support that journey by your own advice and perspective.

Organize, Organize, Organize

You have many time commitments, and mentoring is probably not on top. Outlining your mentoring "plan" will save you time by making your interactions with your mentee more efficient. Keeping a folder of your thoughts and advice will help you to avoid repeating yourself and reveal trends in your communication.

Consider using a single sheet of paper (or Word doc) to outline what you want to say, both at the beginning of your mentoring relationship, and later on. Consider advice that you may only give in a “contingency” situation—if you perceive that your mentee is facing an academic, social or personal challenge. Write down what you did well and would do differently in medical school. List your top frustrations and the thing(s) you did to counter them. Consider adding a brief list of strategies for dealing with third year evaluations and communicating with other students, residents, and attendings. If you currently supervise medical students, list your top challenges and advice for them. Interpersonal relationships are not taught at most medical schools, but form a big part of evaluations!

Throughout your mentoring relationship, referring back to this sheet will help you make sure you have covered the points you want to communicate to your mentee.

Establish Goals

The top goals for an EMRA mentor/mentee relationship are likely to be (1) establishing whether EM is the right fit for the student, (2) succeeding in medical school and (3) navigating the residency match process. You and your mentee may have other goals, so it’s worthwhile to discuss them at the first or second letter or call.

Consider your and your mentee’s values. What gets you out of bed in the morning? The people you see? The procedures you do? Service to humanity? The thrill of uncertainty or the assurance of preparedness? Something else? How does that relate to your fundamental life philosophy? Your family and community, religious or spiritual beliefs? You may not discuss all these issues but they will flavor your discussions.

Especially important is establishing the type of career that your mentee is pursuing. The academic, community, rural, and “academic light” (academic-affiliated community hospital) tracks are all important. See if you can tailor your conversations to the type of career that your mentee is seeking, and understand the reasons why he or she is interested in that option. Also, make sure that other specific goals are covered. Is your mentee seeking to apply to your residency program or to others in your area? Do you have any personal goals from the relationship, such as building an academic or educational portfolio for your own future work? It is better to have all such issues on the table from the start.

Define Boundaries

The mentoring relationship’s extent will depend on what you and your mentee make of it, but most should not entail a massive time commitment. Budget your own time commitment prospectively, and if your mentee is pushing the limits, try to let him/her know gently in an email about your limited time but your continuing commitment to helping him/her succeed. Remember that a mentoring relationship is not an evaluatory attending/student relationship and usually not a personal friendship. It is usually best to avoid “informal” communication media like Facebook unless you and your mentee are both in agreement. Plan to stick with email, phone, and conferencing like Skype unless you both agree otherwise. It’s great to meet

your mentee in person if possible, in a professional or public place like a coffee shop, but no face-to-face time is required.

It's unlikely that your mentee will ask for a recommendation from a primarily "virtual" mentoring relationship, but try to decide ahead of time how you might react if asked. If you are asked, try to be frank with your mentee about what you are prepared to write.

Making Recommendations

Make sure to consider your mentee's situation when making recommendations. Are your recommendations what anyone in your mentee's shoes would be expected to do? Ask your mentee if what you are saying sounds consistent with what their own medical school advisor or Emergency Medicine Department has told them. A great resource to feed and supplement your recommendations is the medical student section on the EMRA website. Briefly familiarizing yourself with the various articles, videos, opportunities and even lectures that are available on the site will make you sound like a pro when you are able to reference them – especially if you used them yourself during med school.

Finally, make sure that you enjoy the mentoring relationship as much as you contribute to it! You are helping to shape the future of emergency medicine.

Chapter 4

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How to Engage Your Mentee

Being a mentor for a student goes beyond just telling them what to do or how to do something, it is a chance to build a relationship and to provide support and encouragement for your mentee(s). This is especially true if you have the chance to mentor someone during third year. The stresses of long hours and evaluations that actually matter can sneak up on many students leading them to think about little outside of the rotation. Additionally, some of the mentees might not have decided on a specialty and being a mentor puts you in a perfect position to showcase EM. Your efforts to engage your mentee, especially during notoriously difficult times, will not only show your commitment to them, but help them remain focused on the big picture.

Just Checking In

It's the middle of January, the middle of your mentee's surgery rotation and you know it's time for them to start thinking about away rotations. But you haven't heard from them in a few months. Sending them a quick, not committing to a long conversation, email offering a word of encouragement can be very helpful. You can tell them a quick story about busy you were during that time or a quick anecdote about how you knocked over the Mayo tray during surgery. Then, try to schedule a longer conversation when they switch services in order to discuss important issues such as away rotations and fourth year electives.

You'll Never Guess What Happened Last Night

Besides just giving advice, you can engage your mentee by telling them about experiences that have happened to you during residency. While many residents may be tired of running yet another "man vs. parked car" by their senior year, trauma is still a mysterious and exciting feature of EM that is attractive to med students. Since most students haven't really "seen much," telling them about an interesting (or frightening) case you saw earlier in the week is a great way to showcase the diversity of EM – obeying HIPAA laws, of course. On the other hand, they may have a cool case that they end up sharing with you. Beyond cases, perhaps there are interesting articles that you have come across or conferences that you have attended or even major changes in EM protocols. Keeping your mentee in the loop about your experience and EM is a great way to stay in touch with your mentee even when specific advice is not needed.

Is There a Doctor on the Plane?

You may not have experienced this one yet, but many residents and students have stories when they were called to respond to a situation outside of the hospital – outside of their comfort zone. If true for you, what happened? What was going through your mind? What did you do? What was the result? What would you have done differently?

Coffee, Anyone?

There are numerous ways to keep in touch with your mentee in addition to email. While we don't mandate going beyond standard professional forms of communication like email, being creative with how you engage your mentee can really expand your relationship. Scheduling an occasional phone call or talking on Skype can add a more personal touch than email. Whatever the modality and frequency, it should be amenable to both parties.

Meeting in person can be helpful but often difficult given large distances between you and you're your mentee(s). One way to effectively do this is to schedule a time to meet up for coffee at a conference with one/multiple mentees. This, of course, implies that your mentee attends a particular conference, the importance of which was hopefully discussed previously. In fact, only a few hundred medical students make it out to national conferences like Scientific Assembly and SAEM. The rest miss out on med student lectures, the mixer and the EM residency fair. Encouraging your student to attend, especially in their fourth year, will help them immensely in preparing for and networking with various residency programs. Meeting for a quick cup of coffee sometime during the conference serves as extra incentive for them and perhaps a well-deserved break for you.

The mentor-mentee relationship can be a rewarding experience for both parties. But, like with anything in life, you will only get out what you put in.

Chapter 5

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Mentoring Students at Different Stages

While medical schools are renowned for their ability to select a diverse student body, we have found that students interested in emergency medicine either have questions or should know about certain time-sensitive issues in preparing for residency.¹ Generally, these can be categorized by year in medical school. The goal is to reach students early and get them thinking about residency early in their medical education. Often students express regret about “not being more involved” when it comes time to filling out ERAS and they have to leave sections blank. For example, while research or leadership activities are not required by programs, one cannot help but suspect that other candidates may appear more attractive to residency programs because of such activities. If only there was a way to help inform and encourage medical students regarding the subtleties of preparing for a residency in emergency medicine. Oh, wait...that’s where you come in. This chapter serves to help guide you, the mentor, through common issues and opportunities for medical students in each year of their education.

MS1 and MS2

Many medical students do not know what they want to go into when they start medical school. Others have been planning on emergency medicine since before they took the MCAT. No matter their certainty in career goals, students seek mentorship through the EMRA mentorship program early in medical school. Here are some things to keep in mind with students in their pre-clinical years.

1. Summer Projects

What kind of project between first and second year is going to be the best fit for the student? This will be determined by their availability, interests and needs. Does their résumé need more research? If so, encourage them to establish a goal such as presenting a poster at a regional or national meeting or submitting for publication? In the latter, summer research projects can turn in to longer projects which also provide great exposure to faculty in emergency medicine.

The pre-clinical years are a great opportunity to pursue outside interests as well. Are they interested in international medicine? Do they have an interest in medical Spanish, public health, advocacy, administration? Do they not know what they are interested in? There are a variety of internship possibilities for the summer if they start looking early. The earlier in first year you can start talking with the student about possible interests, the more time you give yourself to remember that med school buddy who went to work for Physicians Without Borders in Botswana and said to send him any med students who were interested.

2. Shadowing

If the student likes the idea of EM but has never spent time in the ED, finding time to shadow between studying can be an important use of their time in the preclinical years. Some things to keep in mind are selection of the appropriate faculty member to shadow, when to schedule opportunities and what goals the student should set for him/herself.

Not every physician in the academic setting is excited and/or available to work with pre-clinical medical students. To navigate through the pool of ED physicians at their local institution, the student should be directed to their own registrar or EMIG first. If no formal shadowing relationships are already in place, the next best idea would be to contact the secretary of the ED clerkship director. If none of these are available to the student, they should be directed to their dean to discuss further options.

When selecting particular faculty, the goals of shadowing should be considered. In this case, the student is not in the ED to show off their knowledge nor solicit a letter of recommendation. On the contrary, more concrete goals including trauma exposure, learning to take histories, and/or learning how to present patients should be encouraged. Hence, younger faculty who are earlier in their academic careers and those associated with student clerkships can be less intimidating and more understanding about students' lack of experience in the clinical setting. After selecting a faculty member to work with, students should contact the faculty member and discuss expectations, scheduling, and what they hope to get out of the experience before starting.

3. Attend National and Regional EM Meetings

This is a great time to attend EM meetings and start to absorb the hot topics in research and advocacy. Most attendings will have low expectations of 1st and 2nd year students and it gives an early opportunity to network and make connections at different programs. Of course, this is also a great opportunity to learn more about the medical student section of EMRA as well. At national meetings, there are Medical Student Council meetings to sit in on as well as various social and informational activities. Student admission is often minimal. Finally, students should be encouraged to consider the goal of attending a particular conference as attending multiple conferences simply to build up a rap-sheet can be costly.

4. What groups to get involved with: EMIG, AMSA, AMA

If the student is not already a member of his/her school's emergency medicine interest group (EMIG), this is an excellent way to meet and network with other students with similar interests, hear relevant speakers, and participate in useful procedure labs. This is also a great opportunity to take on leadership roles and develop leadership skills. Elections are often held in late winter/early spring. Likewise, the med school's local AMA and other relevant interest groups can offer valuable lectures and leadership opportunities (President, VP, Secretary, etc.).

Finally, students should be encouraged to pursue their interests and opportunities, even if they are outside of emergency medicine.

MS2 Only

Second year of medical school is the time to start studying for USMLE Step 1, to plan the concentrated study time and when to take the test. Your student may have questions about this. Since this is yet another student-dependent requirement, you should think about what your experience was like and also encourage your mentee to think about their personal experience by doing some self-reflection. In the former, were you satisfied with your scores? Study regimen? Study duration? What worked for you and what didn't? What would you do differently? In the latter, there are several questions to direct back to the student. What is their target score and do they know the importance of Step 1 for clerkship selection versus residency? How much time do they have or want to give (and is this appropriate)? What are their weak/strong areas? Other topics to consider include resources, test banks, study timelines and tactics for rote memorization (remember all of those stains and classifications in microbiology).

Some students may also have questions about how to structure their 3rd year schedule. You may get questions whether it is better to take Surgery first or Medicine before Surgery, etc. There are as many opinions on this as there are options – with no definitive clear choice. That said, one should consider what they are interested in, especially if it is not emergency medicine. Doing such rotations later in the year may be advisable so that are more comfortable with the wards. When to schedule the Medicine and Surgery rotations is often a hot topic. On one end, scheduling them early provides broad exposure to pathology and patients – but this could be at the expense of their grade if they are still learning how to be an “ace” on rounds. On the other end, the final stretch of 3rd year can be grueling. However, doing Medicine and Surgical rotations late in the year also has some benefits. Students are hopefully more polished on rounds, interns are more polished which promotes teaching, and excellent students are fresh in the minds of faculty when it comes time for letter writing. Perhaps, then, students may feel best taking the surgery and medicine clerkships in the middle of their 3rd year.

MS3

1. How will this core clerkship help me in EM?

Bottom line, medical students should be encouraged to take all of their rotations seriously. This is not only true for the purpose of 3rd year clerkship grades, but for exposure to and preparation for emergency medicine. As you know, emergency residents and physicians see anyone that walks through the door with any complaint, so every clerkship is very relevant! Even if the student's medical school does not allow an EM rotation until 4th year, most other clinical specialties will give some exposure to the emergency department, either on consults or admissions. This provides an excellent opportunity for students to see the ED from the other side and think about how to optimize the relationship with consultants. In short, the ED sub-internship is not the place to ask, “How do you do a pelvic exam?”

2. *Is EM right for me?*

Third year is a natural time to feel out what you like and what you don't. For most students this process will happen passively, but it is possible your student will question if they love or hate certain rotations, what does it mean for their interest in EM. Since everyone's experience is different, it often helps for students to rotate in the ED early if they are unsure. How did you decide on EM? Were you deciding between other specialties or were you sold from day 1? Some other considerations to pose to your mentee regarding specialty selection are:

- Do you like doing efficient, focused histories and physical exams?
- Are you comfortable caring for patients for a number of hours rather than a number of days or years?
- Are you comfortable caring for multiple patients at the same time – including being interrupted by trauma patients?
- Are you comfortable with not knowing patient outcomes?
- Are you interested in procedures?
- Do you enjoy the surprise of not knowing what is going to walk in the door or do you prefer predictability?
- Are you comfortable with working early mornings, afternoons, evenings and overnight shifts?

3. *Plan 4th year schedule*

By January of 3rd year, students should start thinking about what they want their fourth year to look like. Some important considerations are:

- Do they want to do any away rotations and are they aware of benefits/risks?
- What programs might they be most interesting in applying to and is it possible to do an away rotation there?
- Is their Step 1 score very strong and if not do they want to take a month early in the year and study for and take Step 2?
- What other electives will help prepare them for EM (cardiology, trauma, radiology, ICU, anesthesia, ophthalmology, orthopedics)?

4. *Advice about what programs to apply to*

It is overwhelming to try to decide which 20-30 programs to apply to out of about 150 across the country. Although there are some great residency program directories online (EMRA Match at EMRA.org and SAEM.org) have comprehensive databases), it is still hard to get information about how competitive different programs are, how happy the residents are, and what the real differences are.

Simply relating your own application process can be enormously helpful to a student going through the application process. You are a relative expert simply because you successfully navigated this complex system within the last few years, and it is extremely useful to have a different perspective than just the official “Student Affairs” point of view. At the same time, try to keep in mind whether your student is more similar or different from your situation (age, family situation, grades/scores, interests, plans for the future, etc.). Chapter 7 of this handbook has more information about this.

5. Research

Some medical schools require research blocks or an additional research year that can occur on the front or back end of 3rd year. Here are some considerations to offer for each. Research done early in the 3rd year, often in continuation from a summer project, has the opportunity of getting submitted for publication. If the student wants to beef up their CV, this option can be of benefit. Additionally, doing research early can also serve as additional study time for Step 1. Research done late in the 3rd year has the benefit of providing time to apply to away rotations, work on their personal statement, fill out ERAS and even get an elective out of the way.

MS4

In fourth year, your role as a mentor can be especially important while the student is going through away rotations, planning where to apply, preparing their application, interviewing, and preparing their match list. There are a number of resources in the medical students section of the emra.org website, including the EMRAcast (a podcast) and written resources.

1. Prepare for away rotations

You can talk with the student about what students are evaluated on at your program—presentation, energy, speed, dedication. You can provide an invaluable glimpse inside the rank room—not revealing anything confidential, but rather just the kinds of discussion you have heard at your program about what is important. You can suggest books, journals, apps, and websites that you have found useful in preparing and reading up after seeing patients. Some resources, in addition to emra.org, are provided at the end of this chapter.

2. Residency Application

Keep in mind that the student’s part of the application needs to be uploaded to ERAS as close as possible to September 1, so August can be a critical month to be available to your student. It would be great if you could review their CV and personal statement and give constructive feedback. Don’t be afraid to say it needs work if it does! “Charting Outcomes in the Match” is published by NRMP every year and includes information on average scores, AOA status, grades, publications, etc. According to data from 2011, for matched applicants, the mean USMLE Step 1 score was 223, Step 2 was 234, number of ranked programs was 10.8, percentage AOA was 9.1%.⁵

3. Networking

Throughout fourth year, students will be interested in discussing different programs, in figuring out what the real differences are and whether residents are happy with their programs. If possible, it can be invaluable to students to have someone (like their mentor) contact colleagues at other programs, make introductions, connect the student with people at their top choice programs, and help them network with students, residents, faculty at national meetings. This, of course, is not a requirement but a suggestion that is time and resource-pending.

4. Interview Prep

You can be a great resource for your student to discuss hot topics in EM (crowding, observation, EMTALA), so they have a working knowledge of the problem before being put on the spot in an interview. You can also tell them the kinds of questions you got at different programs, and any advice you found useful on the interview trail. Again, emra.org is full of articles and advice for medical students regarding this process.

5. Rank List

Once interviews are over, students will likely have questions about how to rank their programs. You can offer a different perspective of what you and your classmates have liked or not liked about the programs you are at, and how it is different from what you would have expected. Ultimately, though, they should be encouraged to make their own decisions and what will work best for them. With any luck, you should be getting a very nice email around the end of March thanking you for helping your mentee successfully match into emergency medicine.

One final remark: you may find yourself in the situation where the student asks, “What should I do to make myself more attractive for residency?” Rather than reproducing a list of activities you participated in during medical school, we suggest you approach this issue from the stance that this is not a cookbook. You, and your mentee, will be best off if you can help them discover what they are passionate about and encourage them to pursue that. It follows, then, that there is no specific amount of activities that makes a student “competitive.” Likewise, it is up to the student to heed this guidance and choose how best this fits into their goals. Also, it should be noted that the student should (and should be encouraged to) be seeking out advice from a host of sources including their dean, PI, EMRA, publications, etc.

References and Resources:

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Chapter 6

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Mentoring Students with Unique Considerations

Mentoring the “non-traditional” student is ultimately the same as any mentoring relationship. Only the topics of interest are different. While we do our best to match up mentors with mentees who are on similar paths, there is rarely a perfect match. The **bold face questions** below are the questions you as mentor might be asking your mentee. They are meant to be a starting point if your mentee has a unique consideration that you are less than familiar with. Likewise, if your career goals involve working formally with students and residents, this chapter serves as an overview to issues facing students not taking the straight road to med school. Some advice and some resources for you and your mentee follow.

Are you an older student trying to get into EM?

I am an older than average student, having started med school at 36 years old. It is not as rare as you think. And some say it puts you at an advantage during med school.¹ There are usually a few “older” students in each class and many med students have an anecdote about their classmate who was in her/his 40s. One study of students in Minnesota’s 3 med schools showed that about 6% of students were over 30.² Which is to say there are older students who made the transition from 1st career or family into medical school and into residency—even if it is only one or two per class per school. There are about a 160 MD and DO schools in the US and 4 classes each. That suggests there are over 500 “older” students who may benefit from mentoring by somebody who understands the rewards and pitfalls of the path they’ve taken – even if that somebody isn’t “older” themselves. If you can be a sounding board for those students, you’re on the way to rockstar status.

Did you get married before or during Med school? Have kids before or during Med school? And you like EM?

That aforementioned study suggested that slightly less than 10% of students got married during the previous year, about 25% of 1st year students are married, and about 33% of all students at the time of the study. So again, this makes you unusual, but hardly unique. That said, it does present a different set of challenges when compared to a 23 year-old single student.

Now having kids puts you on a much shorter list. About 1% of 1st year students have kids. At the time of the study, only about 10% of all med students had kids. So it would be nice if you could talk to somebody who could point you the right way in regards to strategies to balance life with a spouse and kids, with a life as an intern and beyond. Questions from a student in this situation will likely revolve, at least in part, on how to balance the needs of choosing and completing a residency with the responsibility of family life. It may be useful to know how various programs incorporate families into the fold of the residency, how many residents are married, with kids, and how those families have managed. Remembering the adage, “Happy

Spouse, Happy House”, might be a starting point. Are there married folks in your residency program? Feel free to call a consult to inquire about their experience. And it goes without saying, your job as a mentor will often be to simply direct your mentee to the right source which can, and should, include physicians affiliated with their school. You don’t have to be Dr. Phil for this one.

Oh you go to an Osteopathic Medical School and want to practice in the ED?

Ok, currently things in the osteopathic world are a-changin’. For better or worse, more and more schools are educating more and more DO’s. For example, about 7% of US physicians are DO’s, but nearly 20% of medical students are training to become DO’s. There’s that theme again. As a DO going into EM, you are uncommon, but not quite rare. Here, the questions invariably revolve around the COMLEX vs. USMLE (or both), Level II/Step II, early or late, and whether to match through the AOA or NRMP (or both). Advice on which programs to schedule “audition” rotations can be very useful for all students, DO students included. Like many questions that affect the rest of your life, the answers are seldom cut and dry. But, as mentorship goes, this can really be one place that a mentor with good insights can be helpful. Students will be looking to know why you made the choices you did. They may use that information to make the same choices or the opposite, but as long as the mentor has the best interest of the student in mind, the information will be helpful.

International student, eh?

Well, one British Medical Journal article tells a helpful tale. It’s geared toward psychiatry residencies, but the information is more or less accurate across the specialties, noting of course that EM is much more competitive than Psychiatry—for good reason. It can be viewed at: <http://careers.bmj.com/careers/advice/view-article.html?id=20001465>

Knowledge of programs with a history of inviting IMG/FMG applicants to interview can be very useful for these students. The EMRA Match, available at emra.org, has information from nearly every residency program in the US on IMG/FMG requirements and their presence in the program. In addition, knowing some ‘alternative’ routes to training in the US, including some programs with ‘observerships’ would be helpful. Again, if your program has FMGs, they will likely be an excellent resource.

Want to go into the Military and want to do EM? Or you’re already serving?

As a mentor, unless you’re in the military you probably don’t know too much about this career path. We recognize this and have made every attempt to make sure that students with military aspirations are connected with residents in military EM programs. There are cases, however, where a student may prefer, say, a mentor from a particular region over one with military experience. This is where you come in.

As you've probably guessed, the military does things its own way. First, know that serving your country is a noble goal. Second, know that serving those in need in the ED is also noble. Third, do some research. Start here: <http://www.militarygme.org/index.html> Fourth, talk to military docs. You should talk to the ones in EM and the ones who could not go into EM, if you can find them. Understand the logistics of the GMO/Flight Surgeon path, and what it means to your overall career plans. EM is a highly competitive specialty, and civilian deferments for EM residency are not guaranteed by any stretch of the imagination. Help your mentee connect with somebody who they can trust to answer tough questions about those who choose to serve the nation in the EM. Do this and you will have made a future doc better informed, and you will have become a rockstar mentor for sure.

Finally, it should be reiterated that your role in mentoring the traditional and non-traditional is basically the same. You should provide a combination of personal experience, a general knowledge of EMRA guidelines, the application process and serve as a resource for locating information. You should NOT be working on this harder than the student. It is their career and they should be doing most of the ground work. Establishing some ground-rules implying personal responsibility may prevent resentments from developing or having to have "the talk" later in your relationship with your mentee.

References

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Chapter 7

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What's in it for Me?

By signing up to be a resident mentor, voluntarily, there is already present within you may have a sense that this will benefit you personally. For many, you have developed a lifelong history of giving back. More than gaining credit-hours volunteering at the nursing home, you have since learned that there is great reward in sharing your wisdom and talents. For others, you may be a coach at heart, drawing a strong sense of satisfaction helping someone reach their goals. Whatever the reason, this chapter will help reinforce the principles, already within you, in order to help you become a rockstar mentor.

Giving Back

With the successful completion of four exhaustive years of medical school under your belt, there are a host of medical students aching to get advice about preparing for a career in emergency medicine. However, by going through long off-service rotations and exhausting overnight shifts, it can be easy to lose track of that initial ambition to help people. While you may be worried that mentoring might drain more energy from your energy-depleted body, mentoring can actually give you the boost you need to thrive on your MICU rotation. Excitement and awe are often contagious, and your mentee may ask you questions or make comments that remind you of how amazing your profession is. Much like for your previous mentors, there is great satisfaction in watching the growth and success of someone you have invested in.¹ Don't be surprised when your students send emails saying, "I just got honors in surgery," or "I matched in ..., thanks for all of your help!"

Tell Your Story

You have done boards, passed third year, completed ERAS and navigated throughout the US to finally match in EM. You have answers to questions that they don't even have yet! (This is literally true with respect to interviews). Maybe you did an away rotation in a foreign country, served in an EMIG, did research or started a family. This is your chance to tell your story and share your values in order to guide a student through the challenging and unresolved times of medical education. We recommend starting this on your introductory email to your mentee. The more open you are with your successes and struggles, the more willing the student will be to reveal some of theirs. It is our hope that this early connection will develop into a relationship that is more than simply a "how to," and we believe this relationship will be mutually beneficial. The more you invest in the mentor-mentee relationship, the more you will get out of it.

Professional Growth

The word “Doctor” comes from the Latin word “Docere,” which means “to teach.” Teaching is a valued asset throughout academic medicine,¹ and serving as an EMRA resident mentor is an excellent addition to your CV. Mentorship will enhance your credentials by highlighting your lifetime commitment to learning and teaching, which is one of the essential pearls of academic medicine. With many departments now recognizing mentorship as a faculty’s core role, your participation provides opportunity for advancement in your career. It will give you an opportunity to share your experience with other mentors and mentees during interviews or even social events.

Whether you are just starting internship, entering the final year of residency, or anywhere in between, you can offer your perspective on careers in emergency medicine. The impact that you can have on someone’s career choice is life changing. You are not only mentoring someone but you can find new friends, establish contacts, and connections for life.

References

1. Garmel GM. Mentoring Medical Students in Academic Emergency Medicine. *Acad Emerg Med.* 2004; 11:1351-7