Military Emergency Medicine (EM) Residency Guide: Demystifying the Military Match and Application Process

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Background: The military match process for Emergency Medicine can be confusing and challenging to navigate. One can easily get lost in the maze of military jargon and service specific information. The military match impacts 1) students who join the Health Professional Scholarship Program (HPSP) or Health Services Collegiate Program (HSCP for Navy only), 2) students who attended a military service academy for undergraduate training and attend a private medical school and 3) students who attend the Uniformed Services University of the Health Sciences (USUHS). The purpose of this document is to serve as an overview of the military match process for both students and their advisors.
Educational Objectives:
1. To create a set of standard guidelines which are agreed upon and endorsed by CORD and EMRA for medical students and advisors involved in applying to the Emergency Medicine military match.
2. To identify and highlight common pitfalls that may prevent qualified military applicants from matching to a military or civilian EM spot.

Curricular Design: Five members of the CORD EM Student Advisement Taskforce met over a period of 10 months in person and over conference call. After discussion with multiple faculty members involved in military Graduate Medical Education, common areas of confusion and pitfalls were identified and a four page document of guidelines was drafted.

Impact/Effectiveness: A standard set of general guidelines for the military was created and was approved by CORD and EMRA to be widely distributed to undergraduate medical education programs and online. These will hopefully help to clarify many common questions and areas of confusion that military applicants and advisors have.

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Linda Katrij MD, Sameer Desai MD, Emily Hillman MD, Lucienne Lufty-Clayton MD, Gillian Schmitz MD

THE MILITARY BOUND MEDICAL STUDENT
The military match process for Emergency Medicine (EM) can be confusing and challenging to navigate. One can easily get lost in the maze of military jargon and service specific information. The military match impacts 1) students who join the Health Professional Scholarship Program (HPSP) or Health Services Collegiate Program (HSCP for Navy only), 2) students who attended a military service academy for undergraduate training and attend a private medical school and 3) students who attend the Uniformed Services University of the Health Sciences (USUHS). The purpose of this document is to serve as an overview of the military match process for both students and their advisors.

GENERAL OVERVIEW OF THE MILITARY SYSTEM
MSI and MSII years should be used to focus on doing well in classes, Step I and Step II. Basic officer training for HPSP students will be completed between first and second year.

The military application timeline is much EARLIER than civilian so it is important to be aware of the timeline early in medical school. Many students start in January of their third year setting up rotations at the military sites. The deadline for the initial application is usually in the second week of September and all final supporting documents are required no later than October 15. All applications are submitted through The Directorate of Medical Education Website known as "MODS" http://www.mods.army.mil/MedicalEducation/

Interviews are completed by November. It is the job of the Joint Service GME Selection board to rank and "match" everyone. They meet in late November / early December. The military match day is in December.

If you have a military obligation, you must apply to the military GME and the civilian match (ERAS). When you do this, there can be three different outcomes:
   a) A military residency is obtained
   b) A civilian residency is obtained, with military deferment (generally only in the Air Force)
   c) A military transitional internship is obtained

If you are selected for a military residency, you will serve as an active-duty physician. Time in residency does not count towards any service commitment.
NEXUS Introduction to Emergency Medicine Course: Resident-Taught Multi-Modality Medical Student Elective

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**Background:** Emergency Medicine has become an increasingly popular specialty choice among US medical students. Although students may enter with a clear interest in emergency medicine, few medical schools incorporate early exposure to the specialty.

**Educational Objectives:** We sought to establish an extracurricular medical student classroom elective covering basic concepts of emergency medicine taught by emergency medicine residents. By using residents as primary teachers, we intended to conduct the course without strain on departmental faculty resources, foster improvement in resident teaching abilities, and cultivate mentorship relations between residents and medical students.

**Curricular Design:** The course consisted of weekly 90 minute didactic sessions covering eight cardinal clinical presentations in emergency medicine. A different senior emergency medicine resident taught each session. The sessions were divided between tabletop interactive case discussions and brief hands-on procedural teaching covering maneuvers that a medical student might reasonably be expected to perform during medical school (i.e. operating a BVM, attaching a cardiac monitor). Additionally, residents were encouraged to teach the same topic in subsequent semesters, providing an opportunity to continually develop their presentation in response to learner feedback.

**Impact/Effectiveness:** Each session over two semesters was rated in three categories, each on a scale of 1 through 5, 1) educational value of session, 2) educator’s teaching ability, and 3) educator as a role model. Our first semester’s sessions received an average rating of 4.1, 4.2, and 4.3 respectively in the above categories, and our second semester received an average of 4.3, 4.5, and 4.5 respectively. A large number of constructive comments were also collected to guide subsequent sessions and improve upon future semesters. The course was received with overwhelming enthusiasm and we were unable to meet the demand of medical students wanting to attend sessions and residents wanting to teach sessions. With minimal...