Military Emergency Medicine (EM) Residency Guide: Frequently Asked Questions

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How does the Military match work?

Army: Unlike the other services where all applicants, i.e. medical students (MS), transitional year residents (TY), and General Medical Officers (GMO) are all in the same selection pool and therefore competing against each other, the Army breaks applicants into 2 groups. When applying to Army EM programs, all medical students are in one group and all TY and GMOs into a second group.

Each of the 4 Army programs reserve 2 slots for applicants from the GMO/TY pool (although this can flex to higher numbers for exceptional applicants) for a total of 8 GMO/TY positions. For medical students this leaves 2 slots at Augusta, 8 slots at Darnall, 10 slots at Madigan, and 6 slots at San Antonio, or at total of 26 medical student positions. Historically, Augusta has some variation on how many they take.

Students must rank 5 programs on MODS, typically the 4 EM programs in the order the student would like to be at, followed by 1 TY program. The program director (PD) at each program will log into MODS and rank every medical student from 1 to X, where X is the total number of medical student applicants in the order the programs desires to train them. The computer matches applicants to programs and then the Office of the Surgeon General will review and certify the match.

In a separate process, the GMO/TY applicants will have their application graded by a tri-service panel and their packet will receive a numerical value. The application scores are based on performance during the 1st 2 years of medical school, the last 2 years of medical school, performance during TY year, performance in any GMO position, deployments, research, and presumed potential success in Emergency Medicine. The top 8 packets based on numerical value will match (be selected for residency) and be distributed amongst the 4 programs based on the best combination of where the GMO/TY applicant wants to be, who the programs prefer to train, and to some extent the cost to the Army to move them.

Navy& Air Force: After completing your application and interview; the PDs get together and spend the month of November putting their lists together and selecting who they would like to have as residents. The programs put together their order of merit list of candidates and turn them into their GME offices. These lists are then presented to a general officer board who determine the final lists. Nothing is official until the release day in mid-December. Even the PD's do not officially know the final selection board results until 15 December.

During the creation of the list you will be scored by three different people, usually one person from each branch of service. The scoring is weighted heavily towards people who have spent time as doctors in the military already. Each branch of service needs general medical officers for operational tours, and these individuals receive a few more opportunities to gather points then a 4th year medical student. The good news is that usually the medical students compete against medical students and the GMOs compete against GMOs. However, this is subject to change based on the needs of the Services.

a. The PD's from every program work diligently with senior leadership to ensure that the most qualified candidates are selected for positions regardless of medical student or GMO status. Because GMO's have potential to earn more points based on prior service, the PD's strongly encourage medical students to strengthen their packets through research and superb performance on clinical rotations. Areas that can help increase your point total
    1. Prior military service (more points if you were medical)
    2. Published research (up to 4 points for multiple articles)
    3. Completing a good rotation with the residency at the location that you would like to train. Nothing beats this for increasing your score.
    4. Potential for success as military officer as determined by the PD's (active leadership roles, competitive athletics, volunteer work and selfless service, interviews, etc)

How do ADT orders and rotations work?

- Work with your HPSP advisor at Office of the Surgeon General (OTSG) and the Graduate Medical Education (GME) coordinators at the hospitals you want to rotate at. You will request ADT orders for the time and place that you want to rotate. After you have requested the ADT, the GME coordinator at the hospital you are trying to rotate at will approve it and schedule your rotation. HPSP students should be able to do 2 ADT rotations but you will need to work the OTSG as there are timing nuisances based on the military fiscal year. Even though there are only 2 paid ADTs, students often schedule rotations (sometimes 2 weeks) at other military programs to make sure they can see what each program has to offer and interview broadly. They do this at their own expense. Some of the residency (at least EM residencies) recognize this and have residents/staff that can provide spare rooms for housing at no or minimal cost.

Do I need a CAC card prior to starting my rotation?

- The best place to ask would be the service's GME offices.

- SAMMC: Although it would be nice and perhaps save a little paperwork, most students don't have a CAC. Essentially all of the military hospitals have methods for students – usually with temporary CAC type cards.

- Darnall: You should make every effort to have a CAC prior to your rotations. If you arrive without a CAC, time from your rotation will be spent getting a CAC rather than working in the ED. You should be able to get one at any Army post. You can use the website https://www.dmdc.osd.mil/rsl/appj/site;jsessionid=VexlAZrzaBmxf25anva3kcH9xxra7BIPgqj82-5NX46D9_YDWUD9!-872577853?execution=e1s1 to locate the nearest facility to get your CAC.

What items do I need to prepare prior to arriving?

- If you are interested in interviewing, I'd say to put your best foot forward by having a copy of your CV and personal statement to provide to the program. My advice is to carry a copy of your med school transcripts whether your grades are outstanding or not. If you have great grades, than this is a great thing to offer at your interview. If your grades aren't that great, use this time as an opportunity to explain your struggles and how you intend to recover in the future. The programs are going to see your grades in October and this way, you can have a chance to tell your side of the story. Finally, bring a small 'head-shot' picture. Many programs use this in your file so the various people that work with you on the floor can remember you later.

How early in advance do I need to schedule interview rotations?

- There is no exact time to set up interview rotation, however, slots are limited so sooner is better. Students should consider starting the process in January of the year they wish to rotate.

- Competitive programs have far less rotational slots than they have interested rotators. Touch base with your top few programs as early as possible to schedule rotations/interviews. If you are unable to schedule a rotation, consider a different rotation at the same hospital. Choose something easy that will allow you to spend your free time in the specialty you're interested in pursuing.
- For the Army Hospitals, rotations fill quickly. Generally, you should be contacting the GME coordinator for the hospital you want to rotate at about 6 months in advance to ensure that you can get a slot at their facility when you want to rotate and work out an agreement between your school and the hospital if you are not going to be on ADT orders while rotating. If you find that there are no slots left for emergency medicine rotations inquire the

programs Clerkship Director if an alternative rotation might be available, such as Emergency Medicine Ultrasound.

Who are the proper contacts for setting up rotations? (Numbers updated as of 2016)

- Army
  - Augusta University (Army) - (706) 721-2613
  - Darnall Army Medical Center - (254) 286-7082
  - Madigan Army Medical Center - (253) 968-2997
  - San Antonio Military Medical Center - (210) 916-3231 or (800) 531-1114 ext. 63231
- Air Force
  - David Grant USAF Medical Center (Travis) -
  - Nellis Medical Center - (702) 383- 7885
  - Wright-Patterson Medical Center -
- Navy
  - Naval Medical Center Portsmouth - (757) 953-1365
  - Naval Medical Center San Diego - (619) 532-8547

- For the Army Hospitals, generally the hospital GME coordinator is who you should be contacting to set up your rotation. They will verify that the schedule is available and set up any legal agreements if needed with your school. They also will approve your ADT if rotating on ADT orders. You should be able to find contact information for them on the official Hospital website under an education or GME tab. If you are unable to reach the GME coordinator, you can also contact the residency coordinator who is listed on the MODS website as the "POC for interviews". There is a PGY-1 grid on the MODS website under the education home tab that allows you to click on each hospital that offers an Emergency Medicine residency and there will be information provided on the program and POCs.

What are the basic statistics of each program? (Updated as of 2016)

- Augusta University (Army) - Approved for 14 slots/year. Currently taking 13. Roughly 50:50 split army/civilian, Approx 90,000 ed visits/year, Admission rate approx. 19% including peds, High acuity Level 1 tertiary medical center, Better than national average pass rates on written and oral boards.

- Darnall Army Medical Center – 10 residents per year. 75,000 ED visits, 10 residents per year, unopposed residency, 97% board pass rate

- Madigan Army Medical Center – 12 residents per year. 60,000 pt volume with 20% admission rate, Level 2 certification, 95% board pass rate

- San Antonio Military Medical Center – 16 residents per year (8 Army, 8 Air Force). Level 1 trauma center with 75,000 visits with 18% admission rate, 97% board pass rate

- Naval Medical Center San Diego – 8-10 residents per year. 70,000 ed visits/year with an admission rate of 14%

- Naval Medical Center Portsmouth – 8 residents a year. 70,000 ED visits a year,

- Wright-Patterson Medical Center – 8 AF residents a year. Associated with Wright State University

- Nellis Medical Center – 2 residents a year. Level 1 trauma center associated with University of Nevada

- David Grant USAF Medical Center (Travis) – 2 residents a year, new program associated with University of California Davis

When is the military match? Do I also need to apply to civilian programs and ERAS? COMPARISON TO ERAS Timeline?

- **Air Force** (AF): The match process takes the entire month of November; results are released usually the 2nd week in Dec. The AF is usually the only service that allows civilian residency. **You must interview with the AF PDs to even be considered for this possibility**. If it is a choice, then start the process as soon as you can, realizing that if not selected by the AF you will not be allowed to apply for the civilian EM match.

- If you put civilian deferment as one of the options on your military training application, you should also enter the civilian match through ERAS and pursue interviews at civilian programs just like applicants. If, during the military match, you are chosen for civilian deferment, you'll need to be accepted by your civilian institution of choice through the civilian match/ERAS, so pursue these interviews just as aggressively.

- **Army** programs: The Army stopped using ERAS for the match as of 2015. Student rank order list is submitted in mid-October on MODS. The programs submit their OML in early November. The match results are generally released mid-December. To the best of my knowledge there have been no civilian deferments for the Army since around 2007. I do not advise the students who are applying to Army emergency medicine to apply to ERAS/civilian programs unless they have special reason to as it is in general an unnecessary cost.

How do I access MODS? How do I complete it? What is the MODS timeline?

- Go to: http://www.mods.army.mil/medicaleducation/ and follow the links for obtaining a logon/password.

- The timeline is slightly different for each service, but each service will put out an official notification with deadlines in the May-June timeframe. If you haven't received this, speak to one of the residency programs and they can probably provide a copy.

- You can contact the specific service's GME offices for access and timelines for application submission

- Your HPSP advisor at OTSG should be able to provide you with all the information needed to access and upload information to MODS for your application.

What do I have to select on MODS? First Specialty? Two Specialties? Do I have to select a single PGY-1 slot as well?

- Select the residency that you would like to be considered for. You do not have to select multiple different specialties. In the past there have been candidates selected for their second choice. The reason to select a PGY-1 slot is so that in case you do not get selected the first time you can at least get the area you might like. For example, if Madigan is where you want to do EM, but you are not selected; it is a good idea to select Madigan for a PGY1 slot so that you can get to know the people better and make a better impression.

- For the Army programs: To the best of my knowledge, MODS will make you rank 5 slots. Generally for emergency medicine people will rank the 4 Emergency Medicine GME programs in the order at which they like them and then will rank a TY year in the 5th slot at the place they would most like to be if selected for TY.

Differences between LORS and SLOEs?

- A LOR is a generic letter of recommendation. It is what the rest of medicine use to evaluate and refer a student for residency selection. A SLOE (standardized letter of evaluation) is a specific letter that the council of EM residency directors created a few years ago that gives a much better and EM specific data for residency directors.

- Many (if not most) civilian programs will require at least 1, sometimes 2 SLOE's (standardized letter of evaluation) since these provide more objective information than a simple LOR from an individual. As you set up your

rotations, ask if they can/will provide a SLOE for your rotation – especially if you're looking for a civilian deferment, this will be important. A simple LOR may not carry the same weight as a SLOE, but depends somewhat on who is writing it and who is reading it. Make the most of your LOR's by talking to the author to make sure they highlight your strengths or explain your weaknesses. The letter should reflect personal knowledge and experience with you. A generic LOR will be essentially useless.

- Letters of recommendation (LOR) can be written by anyone; SLOEs are generally written by an EM Program Director or Clerkship Director. It is important for students to realize 2 things. First, the Standard Letter of Evaluation (SLOE) used to be called a Standard Letter of Recommendation (SLOR). As you can see they changed the name because they are not necessarily a recommendation. Per their website, "The SLOE has always been intended to be an **evaluative tool** and not necessarily a recommendation. For this reason, the name SLOR has been replaced by SLOE." (http://www.cordem.org/i4a/pages/index.cfm?pageID=3743) I encourage students to educate themselves on the SLOE because if they ask for one, one will be submitted in their name, whether they have a good rotation or not, and whether it is a recommendation or not. For Officer Professional Development, I strongly recommend you approach the PD (Program Director) or CD (Clerkship Director) and ask them privately if they feel comfortable writing you a strong SLOE. This gives them the chance to discuss with you if yours will actually be a recommendation or just an evaluation. This should be handled professionally. Last year I had a student *text* me saying, "Hey, I need you to write me one of those SLOW things". This is unprofessional and not fitting the profession you are asking to enter. The second important thing to realize about LORs is there is a hierarchy to them. Generally, a departmental SLOE or individual SLOE written by a PD or CD will have most weight, followed by a LOR written by an academic faculty EM physician, followed by a LOR from a PD/APD/CD of another specialty, followed by a LOR from a non-academic EM physician, followed by a LOR from a non-academic physician from another specialty. There may be some debate about this, but in general, I believe this to be true and it is important because I often have students ask me what letters they should submit of the ones they have collected.

How are applications evaluated?

- The **Air Force and Navy** use a points based system to place residents
    - Prior military service (more points if you were medical)
    - Published research (up to 4 points for multiple articles)

        - Completing a good rotation with the residency at the location that you would like to train. Nothing beats this for increasing your score.
        - Potential for success as military officer as determined by the PD's (active leadership roles, competitive athletics, volunteer work and selfless service, interviews, etc)

    - Just like the civilian match, your past performance in medical school, both academically and on clinical rotations carry much weight. Get the best grades you can and if you struggle do some soul searching to figure out why and how you can/will improve.

    - Medicine requires intelligence, interpersonal skills, insight, initiative, and interest (compassion/empathy). You'll need to excel in all these areas to do well – no applicant excels in every area – use your interview and LOR's to highlight those that you excel in and explain how you are working to improve in your weak areas.

- For **Army** programs, the order of merit list (OML) is developed both objectively, i.e. board scores, SLOE's, grades, life experience, and nearly equally subjectively based on performance during a student's rotation with us. Showing professionalism fitting the profession to which you are applying is key. The student's on-shift performance and off-shift personality are discussed at length. Being punctual, hardworking, respectful, teachable are easy discriminators. If the student is lazy, arrogant, overly-aggressive, too shy, are just as important factors. Although it happens, generally speaking, it is somewhat uncommon for a student to match to a program they didn't rotate at.

What happens if I don't match into a residency in my intended specialty?

- If you do not match into Emergency Medicine, you will be placed into a transitional Year training program based on your preference you entered previously

- For the Army, generally, you will match to a Transitional Year (TY) slot and can reapply to any residency during that time. Once you are no longer a medical student you will be applying in the General Medical Officer (GMO) pool rather than the medical student pool. There are fewer slots afforded to the GMO pool and your application is more heavily weighted based on what you have done for the Army (deployments, hardship tours, brigade/battalion surgeon tours) which is why it becomes hard to match to residency directly from a TY. Most often TY graduates will go to a 2 year tour as a brigade/battalion surgeon and will reply during or after this tour if they still want.

What are the possible training contract outcomes?

- Hopefully you get the full selection for residency, other outcomes are a year training slots in EM with the opportunity to reapply the following year. This can be a benefit in that you will be given more points for the internship. Another is a transition year with the opportunity to do an operational assignment, then reapply. Operational assignments are usually 2-3 years.

What are the odds of civilian deferment?

- This is highly variable and the goal of military medicine is fully fill all military based training slots before placing residents to the civilian sector.

- In general, for the Army it is near zero. If this is something you strongly desire, you should engage the Specialty Consultant or OTSG. There may have been a rare case that I am unaware of, however I have not heard of any civilian deferments for Army Emergency Medicine Residency in the past 5-10 years.

What have been the trends for the past several years of EM applicants?

- It is becoming more and more competitive. Number of applicants to number of slots has traditionally been 3:1

- For the Army, it has remained one of the most, if not the most competitive specialty. There has been an approximate 1.5-2.5 applicant to acceptance ratio. On average the students who have matched have had above average board scores, strong SLOE's, moderate to extensive community service, and very strong clinical year grades.

What is the difference between Active Duty, Civilian Deferment, Civilian Sponsored?

- For the Army this is more of a discussion about fellowship, as in general residents are trained in military hospitals while on Active Duty. With that said, generally speaking, Active Duty entails you being stationed at a military facility during training. You belong to Army Medical Command, and a Company. You will have military requirements while in training. Civilian Deferment is when the military releases you to the civilian sector for your training with no military affiliation. Generally, you will not have military benefits, you accrue no time in grade, you salary is paid by the hospital where you do training, and will return to the military when your training is complete. In a Civilian Sponsored situation, you are still affiliated with the military, your salary is still paid by the military and you maintain military benefits. You are training at a civilian hospital while still in the military. You are officially assigned to a company at Fort Sam Houston but you are located wherever your training program is. You will still have some military requirements, such as the APFT, but they are minimal.

What are the career opportunities for an EM physician?

- In the military, EM doctors cover a wide range of positions from operational slots to both academic, clinical and non-clinical hospital based staff

What is the predicted deployment schedule for EM physicians (how does this compare to other specialties)?

- The AF tries to spread the deployments evenly over the entire ED core. You usually will be gone 6 months. Options include tactical or critical care air transport team physician, hospital based far forward or in larger theater hospitals.

- My advice is to expect to deploy within the first 1-2 years after graduating residency, no matter what service you serve in. Plan on it. EM continues to have a high op tempo in all the services. We have proven ourselves to the operational commanders and operators as proven deployment leaders.

- For the Army, there is no "predicted deployment schedule". 10 years ago, people could plan on being deployed every 18-24 months, for 6-12 months. This has changed dramatically and currently the trend would seem to be there is no trend. I would plan to deploy, but the frequency and duration are impossible to predict. As well, this schedule is based on what type of job you fill after residency. If you are a brigade or battalion surgeon after residency you will deploy when your unit does, and will come back when they come back. If you are there during a 2 year cycle when they don't deploy, you won't deploy. If however, you are working in an Emergency Department, it depends mostly on your "dwell time". That is, how long has it been since your last deployment. The Consultant will get a task to fill a deployment and he/she will ask for volunteers. If there are none, he will look at his list of how long it has been since people's last deployment and use that as a rough sketch on who will go. The "PROFIS" system is a automated management program designed to equitably spread the burden of deployment across all qualified medical personnel. Playing into this some is how many EM physicians you have in your department and what impact it would make on the hospital if you were deployed. For example, if you work at a larger Medical Center like Brooke, Darnall, or Madigan, there are more emergency physician than say, Bayne-Jones in Fort Polk, Louisiana. In this case you are more apt to deploy more often at larger facility because your absence can be more easily adjusted for.

What are the schedules like at the different programs (hours and yearly schedules)?

- Each program uses different schedules averaging between shifts of 9 to 12 hours.

What are the possible outcomes of going through the match in the Navy? Air Force? Army? What are the pros and cons of each?

Navy Specific Items

1. You match into an EM residency at Portsmouth or San Diego as an MS IV. This is how the majority of EM physicians will be trained in the coming years. A few years ago the Navy residencies created an EM intern year. More than half of these interns will go "straight through" to complete EM residency. Those that do not, will serve in an operational capacity (GMO, flight or dive) after internship for 2+ years and will more than likely match back into their residency for PGY 2-4.

   Pro's-
   - This is your mostly likely path to Emergency Medicine training.
   - Most interns get to train straight through.

   Con's-
   - Competitiveness.
   - There are only two options for residency.

2. You match in a non-EM internship. This is has been the path to EM residency in the past. Almost all of these interns do something operational for 2+ years (GMO, flight or dive) and reapply as a PGY 2. This also gives you the option to complete your Navy commitment, separate and apply to a civilian program to start your life after the Navy.

   Pro's-
   - Allows you different options down the road; especially if you are not sure EM is for you.
   - Operational time will give you experiences other physicians will never have.

   Con's-
   - It is very competitive. As we train more EM interns straight through, it decreases the number of PGY 2 spots. Those accepted will likely have to complete "resitern" time (at least 6 months) when coming back to a PGY2 EM spot as directed by ABEM training policies (starting AY2017).

3. For HPSP only - You can get selected for a civilian deferment (NADDS) to do Emergency Medicine. As an MS IV, you simultaneously apply for the civilian and Navy match. On the military match day in December you get approved for deferment. You continue to interview at civilian residencies and match into a civilian program in March. The number of these NADDS

spots varies greatly from year-to-year, and some years there are zero. It is based on the number of graduating medical students, number of Navy GME spots, and the current need for emergency physicians. There is usually an email that goes out to graduating MS IVs in August letting you know if you have a NADD option.

Pro's-

- You are almost guaranteed to train straight thru.
- More than half the civilian programs are only 3 years.

Con's-

- You are not on active duty. So you get civilian resident salary (about half) and those residency years do not count towards your retirement.

Air Force Specific Items

1. Like the other two services, excellent training is what you will receive in the Air Force. Every year board pass rates and research output remain high. Graduation surveys consistently report back highly favorable comments from the graduate's supervisors. We have graduates working in all levels of emergency medicine, from the highest levels of ACEP/AAEM, Academics, chairs of large major departments to one man stations in Afghanistan and Korea. This year there will be 4 different sites training AF residents, with 20 slots available. (this is subject to change so check the AF GME office website for exact yearly numbers). SAUSHEC has 8 AF slots combined with 8 Army slots. Wright-Patterson in Ohio, also has 8 slots. This program is combined with the Wright state Civilian program. The majority of the rotations here are in civilian facilities. The newest two and smallest are Nellis AFB in Las Vegas and Travis AFB outside Sacramento both have 2 slots. They are also affiliated with local civilian residencies, University of Nevada and UC Davis.
2. In terms of number of applicants relative to training positions, emergency medicine is one of the most competitive specialty in the Air Force. Thus, if you do not get selected, do not take it personally, because we generally have many highly qualified applicants beyond our allotment. Many of our current residents did match the second time around. What means the most to us is that applicants continue to self-reflect, improve on their packets from the previous year, and demonstrate dedication to the specialty.
3. Selection: The selection of AF Residents is slightly different than the other two services. All applicants including medical students and experienced physicians looking for a new challenge are scored together. The rank order for medical students are scored by the different AF PDs/APDs. Only the applicants who have already graduated get scores from the three different services. Another difference historically has been the number of field candidates applying in the AF and the number of deferment slots that are

available. These numbers can vary widely year to year. Many potentially good medical student candidates have been disappointed when trying to make decisions based on these two points. Having selected residents for the past ten years my best advice is to not make decisions based on these non-controllable factors. If EM is for you then find the sight you are most comfortable in and go for it.

4. The biggest mistake that a medical student can make is NOT to contact all of the AF sites for an interview. This interview does not have to be in person, but if no contact is made you will have an extremely difficult time being chosen, even if you are the best candidate that your civilian residency has ever seen. You must be selected for EM training prior to being picked up for deferment slot. The AF GME leaders are the ones who pick these people.
5. Deferments: Deferments can be a blessing for the individual and his/her circumstances. They do however come with a few pros and cons
    a. Pro- they will allow you to select and possibly stay in an area you are already established. Many people stay at their medical schools for residencies.
    b. Con- Getting a deferment slot from the AF does not mean that you will get a civilian slot. It only allows you is to put your name into the civilian match. Because you will not find out until mid-Dec if you get a deferment slot, you are already behind in the interview process. This is where having to spend money on faith can be a difficult decision to make.
6. Selection: Key points in getting selected. Be honest, we know that all the AF sites have great education and training. Find the place that you will be most comfortable in. Get a rotation if at all possible, start early trying to set that up. In the AF, like the other services, we tend to notice things like tardiness, incorrect wear of the uniform, and lack of motivation. Show up on time, work hard, stay motivated, and be professional at all times to all people you come in contact with, this includes the housekeeper.
7. Team: I can honestly say that the past 20 years I have spent in AF EM has been a great experience. Where else do you get an all-expense paid trip to exotic locations helping some of the most dedicated and professional people in the world. It really is an adventure, and having gone through the entire system, it did and continues to produce some of the finest EM physicians in the country and the world. Do not let the competitiveness turn you away. Do not be shy. Contact the GME leaders at the various sites. They will and want to talk with you.

Army Specific Items

1. You will receive excellent training at all 4 Emergency Medicine Residency sites. All Army EM residencies have a high first time ABEM board pass success rate. All Army EM residencies will help you acquire the knowledge, skills, and attitude to practice EM anywhere in the world, including austere environments. There are typically about 34 slots available (8 SAUSHEC, 12 MAMC, 10 CRDAMC, and 4 at EAMC. In terms of number of applicants relative to training positions, emergency medicine is the most competitive specialty in the Army. As such, if you do not get selected, do not take it personally, we generally have many highly qualified applicants beyond our allotment. Many of our current residents did match the second time around. What means the most to us is that applicants continue to self-reflect, improve on their packets from the previous year, and demonstrate dedication to the specialty.
2. Rank order list: the Program Directors at all 4 sites simply want the best applicants possible to match in one of the Army EM programs. We don't care where you choose to train, nor do we ask that you share your rank order list. In Army medicine, we often cross-pollinate anyway. For example, many MAMC graduates now serve as faculty at SAUSHEC and DAMC, and vice versa. We are most interested in the finest candidates because the military residencies are the only programs in the world that hire 100% of their graduates. In other words, we want the best because when you graduate you will serve in our great Army and could be caring for our family members. If you really want to train at a particular site, you may share this information with the PD's, but it is certainly not required.
3. Match process: the Army PD's create an order of merit list (OML) to submit to their respective GME offices. The OML is generated from objective data (USMLE or COMLEX scores, performance on all rotations in the MS3/4 clinical years, SLOE's, interview scores, etc). The rank list from each program then gets uploaded to the Directorate of Medical Education to create a master OML. The students at the top of the master OML will be selected for their first choice on the rank list. This process repeats until all slots are filled (up to #34). Falling down lower on the list puts the student at risk for not being selected for their first choice. If a student falls out of the top 34 on the master OML, they will not be selected for that particular cycle.
4. Who tends to match: We recognize that test scores do not necessarily make an outstanding clinician. However, emergency medicine residents generally perform well above national means on USMLE and COMLEX. Failure of a USMLE or COMLEX exam seriously hurts your application. Matched applicants historically perform very well on their EM rotations. We also value performance on rotations in other specialties because EM overlaps with so many other disciplines. Matched applicants must demonstrate interpersonal and communication skills—we communicate with so many

other specialties, and we are also tasked with developing a rapport with a patient in a short period of time. It also helps when applicants have demonstrated a commitment to the specialty through volunteer work, EMS experience, working as an ED scribe, leading an interest group, and involvement in EM relevant research.

5. In the Army, we tend to notice things like tardiness, incorrect wear of the uniform, and lack of motivation. Show up on time, work hard, stay motivated, and be professional at all times. We live the Army values of loyalty, duty, respect, selfless service, honor, integrity, personal courage. It really is an awesome organization to be a part of. In my opinion, it is even more special in emergency medicine.