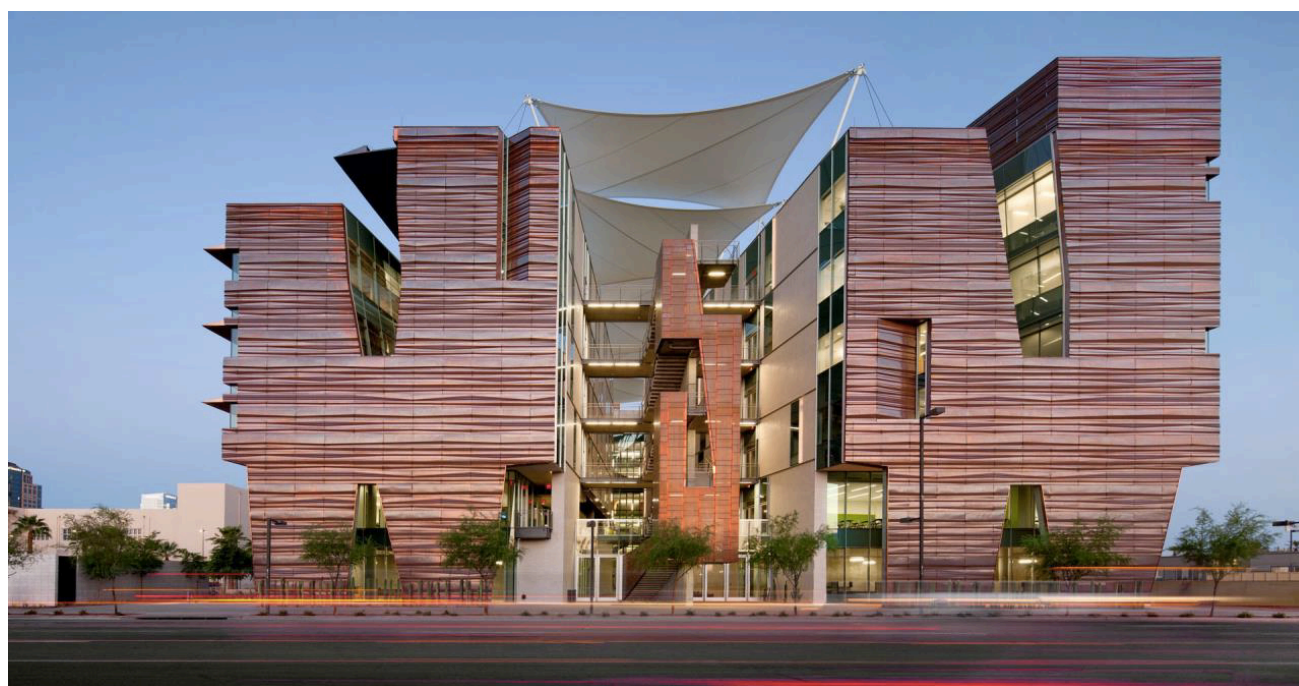




# SPECIALTY REPORT

In This Issue | Emergency Medicine



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# Jeffrey Stowell, MD

## Department Chair Valleywise Health Medical Center

*Dr. Stowell serves as the Department Chair of Emergency Medicine at Valleywise Health Medical Center. He attended medical school at The University of Arizona College of Medicine - Tucson, completed his residency in emergency medicine at the University of Texas in Houston, and completed a fellowship in Emergency Ultrasound at Denver Health.*



### What drew you to emergency medicine?

The thing that drew me and continues to draw me to emergency medicine is that in the emergency department - the light is always on and there's always an emergency medicine physician who is ready for whatever comes through the door. Emergency medicine is a specialty where physicians must understand not only the breadth, but also the depth of medicine. We must be ready for every presentation, from chronic illness such as high blood pressure, to life-threatening resuscitations. We must be a proceduralist and prepared to perform any procedure in real time. You must be ready for whatever shows up. That variety is what drives me to always know more and be on the cutting edge. That is what really drew me in originally and keeps me here today.

### How did you decide to get into academic emergency medicine?

I didn't decide to go into academic emergency medicine until the third year of my EM residency training. As I got more experience within EM, I started to really enjoy the bedside teaching and the educational aspects. That's when I first became interested in becoming an academic emergency medicine attending.

From there, I sought out further experiences with research, teaching, and lecturing and haven't looked back. One day I'm working a clinical shift, the next I'm working on a lecture, teaching at the bedside, or working on a research project. These different aspects of academic emergency medicine are what keeps the specialty fresh for me. It really is what I love to do. I anticipate I will continue to do this for the rest of my career.

### Did you have any interest in other specialties when you first started med school?

Yeah! I think like most of us who go into emergency medicine, I looked at all the different specialties. I think that's part of who we are as emergency medicine physicians. There's so much breadth and we do so many different things that overlap with other specialties that we are interested in everything. We do procedures and so we're interested in other procedurally focused specialties, like general surgery, or specialties that see a large breadth of pathology like family practice or internal medicine. Ultimately, I think I ended up coming back to emergency medicine because you are able to combine all the best aspects into one specialty.

### Did you have a mentor in medical school? If so, could you elaborate?

Mentorship is very important and finding good mentors early on and throughout your career is absolutely critical. I've had several mentors at each step of the way. Once you get to the decision of "do I want to do emergency medicine," it's invaluable to have emergency medicine-based mentors who can guide you in that regard. Even to this day, my mentors continue to help guide me.

### Can you tell us a little bit more about your role and responsibility as Department Chair?

The Department Chair is the liaison between their own department and the rest of the institution. In this role, my goal is to promote my patient population, my residents and students who train in my department, and my faculty. To help align the re-

sources, their needs, and goals with the needs and goals of the institution. To work with the institution, to make sure our patients receive the best care they can get. To work with our academic partners to ensure our students and our residents receive the best educational opportunities. To ensure our faculty have the necessary resources to research, educate, and teach superstars. I see my role is to bring those resources together.

### **How has the field changed throughout your career?**

The specialty of emergency medicine is relatively young becoming a specialty 50 years ago. Historically, emergency departments were staffed by non-EM trained providers - practitioners from other specialties who would moonlight in the emergency department. Since becoming its own specialty, we've seen the development of emergency medicine specialists. Along the way, we have seen new technologies develop such as point of care ultrasound (POCUS). POCUS has taken hold in the last 15 years and has become a core piece of emergency medicine practice.

Other developments include the integration of emergency medicine with public health with the opiate and COVID-19 pandemics. We play a pivotal role at being able to address the needs of the public and I think we'll continue to see that more in the future.

### **How do you think COVID has impacted emergency medicine? Did you ever think you'd work in a pandemic?**

That's an excellent question. The emergency department sits on the frontline of healthcare - particularly for the critically ill.

A year ago, we all started to learn together about COVID-19. We had seen what was in the news but there was little in the literature and none of us had seen it in real life. As you can imagine, that resulted in a certain level of anxiety amongst the physicians; but regardless, we knew that emergency medicine

physicians regularly face uncertainty. Over the last year, the emergency medicine community stepped up to manage the acutely ill and undifferentiated COVID-19 patients. I could not be more impressed with how the emergency medicine providers responded to the pandemic.

### **Do you foresee any long term changes resulting from any of these changes?**

One of the things that I think will be interesting to see is the further integration of emergency medicine with public health. We see a lot of patients from underserved and at-risk populations who present to the ED with opiate dependence, trafficking, etc. A lot of these patients present because they are acutely ill and that is their only point of access to the medical system. Emergency medicine, over the last few years, has become much more prepared to recognize these presentations and much more knowledgeable on how to provide resources and longitudinal connections to care. We realize that it is our responsibility to help care for these patients and provide them the resources they

need. I think we'll continue to see more and more of this.

### **What are you looking for in the next generation of EM physicians and has the pandemic affected the type of qualities or character you're looking for in potential residents?**

We are all looking for students who will become future leaders in the field of emergency medicine. We're looking for students who are eager to learn about the clinical practice of emergency medicine. Students who are flexible and ready to pivot at a moment's notice to respond to whatever comes through the door. Is it one patient? Is it 10 patients? We are also looking for students interested in advancing the field of emergency medicine through research, teaching, and quality improvement. We're looking for students who are flexible, eager to learn, and motivated to advance the practice of emergency medicine.

**“We're looking for students who are flexible, eager to learn, and motivated to advance the practice of emergency medicine.”**

## What is your approach to reduce burnout among newly trained physicians?

Mental exhaustion is not specific to emergency medicine or even medicine in general. We strive for good outcomes for our patients, but ultimately sometimes, there are challenges that can be mentally exhausting to a provider.

There are two things that I generally recommend for providers concerned about burnout. First, as with any specialty, a new physician should consider their fit with their chosen specialty. Does the day-to-day work and life of an emergency medicine physician motivate and inspire you? Secondly, I have personally found that diversifying my time significantly helps with battling burnout. I enjoy my clinical time, but I also enjoy my time teaching, researching, and mentoring. A diversified career path can help with mental exhaustion. I encourage providers to find other aspects of medicine, regardless of their specialty, that stimulate and rejuvenates them.

## What was the best piece of advice you received in medical school?

It's important to be true to yourself. Who you are? What is important to you? You rotate through different specialties as a medical student, and you should

think - Can I see myself doing this? Can I see myself doing this long-term? When you're rotating, you will likely enjoy each of the specialties to some extent, but it wasn't until I had rotated in emergency medicine that one really clicked for me. I think everybody should keep that in mind. When you find that specialty that really clicks for you, stick with it, be true to who you are, and what fits you.

## How do you balance your professional life and personal life?

That's a great question, too. A lot of us in emergency medicine spend a lot of time outside of the department. We love getting outdoors, hiking, and mountain biking. I also spend time with my family – my wife and two young children. I'm always kind of bouncing between the department and spending time with my family and kids.

**- Yerina Cho, MS2**

## Match Summary for MD Seniors Applying to Emergency Medicine – 2021

			<b>No. of Applicants</b>		<b>No. of Matches</b>		<b>% Filled</b>		<b>Ranked Positions</b>	
<b>No. of Programs</b>	<b>Positions Offered</b>	<b>Unfilled Programs</b>	<b>MD Seniors</b>	<b>Total</b>	<b>MD Seniors</b>	<b>Total</b>	<b>MD Seniors</b>	<b>Total</b>	<b>MD Seniors</b>	<b>Total</b>
<b>273</b>	<b>2,840</b>	<b>9</b>	<b>2,081</b>	<b>3,734</b>	<b>1,765</b>	<b>2,826</b>	<b>62.1</b>	<b>99.5</b>	<b>26,746</b>	<b>41,202</b>

Source: National Resident Matching Program, Results and Data: 2021 Main Residency Match®. National Resident Matching Program, Washington, DC 2021.



# Michael Epter, DO

## Program Director Valleywise Health Medical Center

*Dr. Michael Epter completed medical school at New York College of Osteopathic Medicine. He then worked as the Program Director and Vice Chair of Education for the Emergency Medicine Residency at University of Nevada School of Medicine for 7 years. He is now the Program Director of the Emergency Medicine Residency Program at Valleywise Health Medical Center.*



### **Do you have any recommendations for students looking to choose a specialty based on your own path to Emergency Medicine?**

One of the key things students must do when applying to any residency is to always keep an open mind. At the beginning of your journey into medicine, you take it all in. Eventually you become dedicated to one particular area of focus as you narrow your choices and make your move towards residency. I recommend being open to many options at the beginning and then funneling it down. If you don't, then you may miss out on opportunities. I approached it in a similar way. I ended up training in New York City and worked in Brooklyn for the first five years of my career. I ended up receiving a wonderful offer to be part of a team that started an Emergency Medicine Residency Program in Las Vegas, which opened up in 2006. I was the Program Director there for seven years, and then came out to Valleywise Health and have been the Program Director for eight years. It has been a wonderful journey and a privilege to serve the EM community. It has been an incredible 15 years, and I wouldn't trade it in for anything else.

### **What is/are the most challenging part about EM? Do you see those challenges being addressed on a larger scale in the coming years with healthcare reform?**

One of the major issues is overcrowding of the ED. This improved because the volume declined when the COVID-19 pandemic began. However, this is something that negatively impacts the patient experience and will need to be addressed in the future. Adequately taking care of patients with mental

health challenges is another challenge within the ED. Additionally, there was a recent study that came out with regard to having not as many emergency medicine jobs in the future, as there will be physicians. So that's certainly a concern from a student standpoint and needs to be addressed by our parent organization to look over the issues and advocate for us.

### **If you could give one piece of advice for a student entering this field, what would it be and why?**

In terms of advice related to EM, you just have to follow your passion. Some students may be deterred from going into EM by the current surplus scenario. However, other students may have a calling to EM and have an incredible passion to learn about these fields and do exceptional things and serve greatly. I recommend that students follow their passion. I think you just have to follow your passion and not worry about what the state of EM will be in 10 years. It's difficult to predict the state of EM today because there are too many factors at play. I don't think students should be hyper-focused on that. It's something students need to know in the back of their mind that exists out there and then hopefully, again, advocates will make sure that it doesn't kind of come to fruition later on.

From an applicant standpoint, it is a very simple recipe. Students have to show they love the field and show they are going to work hard. Trying to know everything there is to know about emergency medicine before you even become an EM resident is a fool's errand. It's not something you should chase. So sure, you may know a couple of the articles out there

and stuff, but really what's fundamentally important is to know the basics. You have to focus on your foundation, which is built on obtaining a good history and physical exam. If you do that, the differential diagnosis and the other stuff will come easily, and you will do well.

### **Is research experience an important factor when choosing EM residents?**

EM is becoming more and more of an evidence-based medicine, type of specialty. I think that's fantastic. Does research become the key ingredient in the application? No. Sure, there are institutions that will weigh that more heavily, but the most important aspect of determining whether you're going to have a good shot of getting in or not will come down to the rotation performance and the letter evaluation that you receive at the end of the rotation. Try to focus your efforts on doing a great job on rotations. If you come along with a little bit of fringe, like research, that's fine. However, doing well on your rotation is more significant than receiving publications. Worry about foundation building and knocking it out of the park on those rotations. You can also do other stuff like intangible things, such as community service, volunteering, and engaging in activities local emergency programs do. I would also value participating in things within your own institution such as student government. It's valuable to see that students enjoy doing other things that show that they are well rounded. If you happen to publish something that's okay, but it shouldn't be the main goal. Put your focus on succeeding on your rotations.

### **What are some important residency program factors that medical students should take note of when on the interview trail?**

Students should do some homework before you begin the application and make a priority list that is categorized as a “good, better, best” list. Draw out what your ideal residency program looks like in these three categories. Then take a look at the website,

since that is the face of the program. Use the different resources that are out there, such as the resident student association or EMRA match. When you're there interviewing, keep looking at what “good, better, best,” looks like for you and how that aligns with your original list. It's important to have a foundation or you will just be too overwhelmed with how great things are at different programs, and you'd think every program is perfect. Eventually you codify what is best for you and form a list. Location may be a large factor, but probably the ultimate thing, that becomes the most critically important ingredient to you not going to be happy are the vibes and the program fit. 99% of the programs that you're going to look at check all the boxes curriculum wise. So it really is going to come down to fit. If a student fits, they will flourish. And if they don't, they may not. It's important to keep it central to your thinking. In my personal opinion, you don't grow to love programs. You've got to trust your gut instinct and the feeling you had when you were there. There may be some curriculum factors that you are more attracted to

**“When the patient has a good experience, the fundamental reasons that you entered into medicine to begin with are met.”**

than others. This can include electives, length of program, or research programs. You'll see subtle nuances that you're going to make your collective decision on. At the end of the day, if you fit with residents and you fit the vibe

of the program, that will be important. Everything else will take care of itself. Residency is a tough time, and you need support so it's very important to ensure that the fit is good.

### **What drew you to the position of Program Director?**

Quite frankly, I never saw it coming and it was a lucky scenario. I had the opportunity to be involved in building a program when I was looking for another job. So eventually things unfolded. Then I became the Program Director and it has been an incredible time. It's a dream job and I get to help pay it forward in emergency medicine which I think is so amazing. You get to see young, vibrant people who are inter-

ested have all these great ideas. I trained a lot of residents over the 15-year period- being able to pay it forward is incredibly important.

### What do you do to balance your professional and personal life?

One of the greatest things about EM, which I think was incredibly attractive to people, is you do shift work. If you're not involved in leadership positions within the hospital or within the educational realm, you get to go home after your shift. You have the opportunity to a wonderful personal life. It is important to reward yourself at the end of the shift work, whether that be mountain climbing or mountain biking. When you are able to reward yourself, you come back refreshed the next day. For me, I make pizza and bagels. I work the dough. I'm from New York, and I think the pizza and bagels out here are a disaster, so I just make them myself. I have a professional pizza oven in the backyard. That gives me time to decompress from residency work and shift work. I think the balance of life and EM is pretty solid and I think that's what probably attracted so many people within the field.

### Anything else you would like to share about your own personal interests within EM?

Emergency medicine has grown immensely in the last 20 years. We initially didn't have many fellowships. Now fellowships have come up in so many different domains and the options keep expanding. It makes the field even more attractive than it initially was. Even if you don't enter a fellowship, you're going to be an incredible shift doc. You'll still learn different things that learners of the past didn't have a chance to learn. For example, you'll still become incredibly proficient at ultrasound, even if you don't do an ultrasound fellowship. At the end of the day you take care of patients better. That's the end goal. When the patient has a good experience, the fundamental reasons that you entered into medicine to begin with are met. It's just a really exciting time. I don't think this is just the honeymoon phase. EM is in a growth phase and you know you want to go where the puck is. That's kind of where we're at.

**- Vrishti Shah, MS2**

## Positions Offered in Emergency Medicine, 2017 – 2021

2021		2020		2019		2018		2017	
No.	%	No.	%	No.	%	No.	%	No.	%
2,840	8.1	2,665	7.8	2,488	7.7	2,278	7.5	2,047	7.1

Source: National Resident Matching Program, Results and Data: 2021 Main Residency Match®. National Resident Matching Program, Washington, DC 2021.

## Matches by Applicant Type for Emergency Medicine - 2021

No. of Positions	Number Filled	MD Senior	MD Grad	DO Senior	DO Grad	Others	U.S. IMG	Non-U.S. IMG	Number Unfilled
2,840	2,826	1,765	62	790	31	0	143	35	14

Source: National Resident Matching Program, Results and Data: 2021 Main Residency Match®. National Resident Matching Program, Washington, DC 2021.



# Matthew Graber, MD, PhD

## Program Director Abrazo Community Health Network

*Dr. Matthew Graber serves as the Program Director for Emergency Medicine at Abrazo Health. He earned his PhD at University of Maryland, attended medical school at SUNY Downstate, and completed his emergency medicine residency at LA County/USC.*



### What drew you to EM as a specialty while in medical school?

I came from a research background with a doctorate in biochemistry. So emergency medicine never really crossed my mind. Initially, it was assumed that I would go into medicine or surgery, because that was just what people with a research background did. In fourth year, I had my first emergency medicine rotation and it just clicked. I liked the breadth of the patient population and the people in emergency medicine. Perhaps more importantly, I enjoyed the environment that pulled us together more as a team than any other specialty.

### What are your roles and responsibilities as a Program Director?

My most important responsibility is the education and training of our residents. This involves setting up the didactics, organizing the clinical schedule, ensuring that each of the rotations meet objectives, and making sure the residents are treated well. I work with a team of physicians, coordinators, and administrators to get this done.

### What drew you to the position of Program Director for EM at Abrazo?

I was drawn to the incredible potential of Abrazo. We have five main hospitals and a bunch of micro hospitals, which affords the residents an incredible breadth of clinical experience. On top of that, since the hospitals are all over the metro Phoenix area, we have unparalleled access to clinical data and patients. With the current push to conduct clinical trials that truly reflect the diversity of this nation, I am particularly excited about the potential on this front.

Moreover, we have experts in almost every field, so there is also potential to start new fellowships that meets the challenges of our community. Lastly, I truly believe that the hospital leaders share the same vision I have for this program, and they have shown it by giving us the resources!

### Since your program is relatively new, what is the difference between your program and a more established program?

We have a lot of flexibility. I think it's a little easier for us to be flexible than other programs which are long established. This allows us to leverage our flexibility and try new things. For example, it's easy for us to pivot if a rotation isn't working or if an educational experience isn't working to quickly implement it across the system.

### Describe a typical work day for yourself.

As an emergency physician, my day to day varies dramatically. I work clinically half the time with some night shifts and day shifts at four or five different hospitals. Thursday is my conference day where we have an emergency medicine conference in the morning and faculty meetings or education meetings in the afternoon. That's really my only standard day. I think you can ask any of the faculty or the residents. It's really hard to say what a random Tuesday would be like!

### What is your favorite part about being an EM physician? What is your least favorite part about being an EM physician?

I have a unique job. I am in a position where I get to work in the emergency department, teach the residents, and perform research. I get the best of all



parts, and I am truly lucky. As for the least favorite part, we see a lot of people in the emergency department who can't afford to see a primary care physician. They don't have insurance and or time. Despite that they have chronic issues that are eminently fixable, but there's only so much I can do within the emergency room.

**What's the most challenging part about EM? Do you see those challenges being addressed on a larger scale in the coming years with healthcare reform?**

Within emergency medicine, we are being asked to do more without giving resources to match said demand. Depending on how the public health care policy changes in the next few years, we may see some sort of resolution to this challenge. But at the moment, I remain uncertain.

**What are you looking for in the next generation of EM physicians?**

Those who could meet the challenges by getting themselves involved. When I was a resident, we were expected to work hard, see lots of patients, and learn medicine. Now emergency physicians are becoming an integral part of the hospital administration, health care lobbying effort, and are regularly involved in public policy legislation. And I think these will become part of the job for EM physicians. You are going to have to understand the multifaceted determinants of health and advocate for your patients and community. On a related note, I also look for passion for emergency medicine. At the end of the day, I can teach you all the knowledge of emergency medicine, but I cannot cultivate your passion for you.

**Did you have a mentor as a medical student and resident?**

I did! As a medical student, I had a mentor in the emergency department there who was perfect. He had done some research, and he was very interested in teaching and seeing patients, which is what I wanted to do. I think he became my mentor right after I started my rotation in emergency medicine. When I started my residency at LA County, because

of the size of the program, I was paired with a mentor who helped me throughout my entire residency.

**What are some important residency program factors that medical students should take note of when on the interview trail?**

As long as you are in an ACGME accredited program, you will learn to be a good emergency physician. Keep in mind that if you've gotten an interview, the program wants you to be a part of their residency. Use the interview to see if a program is the right fit for you. Look at the program culture and make sure that's a place you could be happy, and you are surrounding yourself with people you want to work with.

**What is your favorite activity to do in Phoenix? Favorite restaurant or coffee shop?**

I love to mountain bike, hike, and take road trips. My favorite restaurant is Indian Garden in Avondale and my favorite coffee place is Luci's on the Orchard.

**- John Lin, MS2**

# Dany Quan, DO

## EM Residency Research Director Valleywise Health Medical Center

*Dany Quan is the Director of the medical toxicology consultation service and residency Research Director for Valleywise Health Department of Emergency Medicine. He completed his emergency medicine residency at Northwestern University/Chicago College of Osteopathic Medicine in Chicago, IL, and completed a medical toxicology fellowship at Banner - University Medical Center Phoenix.*



### What drew you to the field?

Emergency medicine attracts those who are comfortable with being a specialist in all areas, and especially, being an expert in lifesaving procedures. Practitioners can work anywhere, from rural areas, stand-alone emergency departments, to large academic and tertiary care centers. EM physicians are trained to have a wide breadth of knowledge. The variety in cases is a selling point. You can have a 3-year-old girl that comes in for a “runny nose,” and at the same time can have an 80-year-old man that comes in with a “runny nose” bleeding profusely from it with very low blood pressure requiring resuscitation. Emergency medicine is not boring. The types of patients that you see, shift-to-shift, patient-to-patient, can vary greatly.

EM offers significant flexibility in terms of lifestyle, schedule, and personal development. We are shift workers – there is no call. A typical emergency physician will work anywhere from 100 to 150 hours in a month, which is about 12-15 days.

There are other opportunities in EM such as emergency medical services, wilderness medicine, critical care medicine, ultrasound, and medical toxicology to become involved in or become fellowship trained.

### How has your journey in medicine led you to this point in your career?

I was not a typical medical student. I worked as an electrical engineer for about 10 years before I decided to go to medical school. I was always interested in EM, but I considered other specialties. After finish-

ing at Northwestern University, I did my emergency medicine residency in Chicago and came back for my medical toxicology fellowship at Banner - University Medical Center Phoenix. I decided academic medicine was my career pathway, so I became an emergency medicine faculty member at Valleywise Health where I developed the medical toxicology service.

### How has the field changed throughout your career and how do you anticipate it changing further?

In medical education and graduate medical education especially, the amount of work that residency program directors put in has really changed over the years. There is a lot more paperwork and regulatory activities leaving the program directors and staff less time to concentrate on medical education.

COVID-19 has changed the landscape of healthcare. I see it from a lot of different angles: from the nursing side, as well as the physician side. We are all working hard and it is difficult work. The patients are very sick, and it really wears on you. The practice of medicine during the pandemic also changed especially when the system was getting overwhelmed. Definitely much different from what we knew how to practice. Interestingly, we never anticipated at the beginning of the pandemic the number of patients that would stay home and not present to the emergency department. Other areas developed such as video conferencing, telemedicine, and mRNA vaccines.

When I went into EM, it was a specialty that you would never expect to suffer burnout. Today, physi-

cian burnout is probably one of the biggest things that we are all concerned about.

We will see change in emergency medicine. There is no way to predict what will change.

### **What do you look for in the next generation of physicians going into this field?**

I always look for engagement and interest in emergency medicine from potential residency candidates and potential faculty members. You must be willing to learn new things, and not settle for the status quo. As medical students, you are in a perfect position to learn because you are eager and willing. You want to learn everything. Do not be satisfied with learning only what you need to know. That is important to being a good clinician in any specialty. In emergency medicine, you must be able and willing to learn new things because there are always new techniques, new medications, and new therapies.

### **How do you balance your professional and personal life?**

Like every specialty, emergency medicine has drawbacks. The emergency department is open 24 hours a day, seven days a week, 365 days out of the year.

Somebody must work those shifts. We understand that aspect of emergency medicine. Shifts are on mornings, evenings, weekends, nights, and holidays. Early in one's career varying shift times are tolerable. As the years advance, it is difficult to switch from days to nights and vice versa. Some emergency medicine groups might offer preferential shift scheduling depending on years of service or seniority.

You really have to strike a balance that's right for you. For some people, it is 90/10, and for others it is 20/80. If you feel overwhelmed, then you should adjust your ratios. I think it is different for everyone. It is important to be able to decompress enjoying your free time and family.

**- Eshaan Kashyap, MS2**

Average PGY1 ED Shift Length (Hours)	Percentage of Programs (n=226)
<b>9 or less</b>	<b>37.2%</b>
<b>10</b>	<b>25.7%</b>
<b>12</b>	<b>17.3%</b>
<b>Variable</b>	<b>19.9%%</b>

Average Number PGY1 Shifts Per ED Month	Percentage of Programs (n=222)
<b>15 or fewer</b>	<b>5.0%%</b>
<b>16-18</b>	<b>46.8%%</b>
<b>19-21</b>	<b>45%%</b>
<b>22 or more</b>	<b>2.7%</b>

Jarou, Z., MD. (2021). EMRA and CORD Student Advising Guide: An Evidence-Based Approach to Matching in Emergency Medicine (5th edition). Emergency Medicine Residents' Association. (<https://www.emra.org/books/msadvisingguide/finding-your-fit/>)

# Thomas Whiting, DO

## Clerkship Co-Director

### The University of Arizona College of Medicine – Phoenix



*Dr. Thomas Whiting is the EM Clerkship Co-Director at The University of Arizona College of Medicine - Phoenix and the Assistant Ultrasound Director for medical students at Valleywise Health Medical Center. He went to Midwestern University for medical school and completed his emergency medicine residency at Valleywise Health Medical Center.*

#### **Can you tell me about your role as the emergency medicine Clerkship Director?**

I'm the Clerkship Co-Director of the emergency medicine clerkship at The University of Arizona College of Medicine - Phoenix. My position is to help students learn what it means to practice emergency medicine and mentor them through the more clinical aspects of that experience. Given how much more competitive emergency medicine has become over the last 5-10 years, mentoring students on how to navigate the application process and match at excellent programs across the nation is also a core competency of my position. I also serve as the site director for the Valleywise location.

#### **Can you tell me about your path to emergency medicine? What drew you to it as a specialty during medical school?**

Prior to medical school, I worked a lot with my hands as a welder and a big part of why medicine interested me in the first place was to gain a new set of skills with both my hands and mind. At first, I thought I was going to do internal medicine (IM) and then a critical care fellowship. However, in my third year, I did a rotation early on in IM. It was then I realized I do not particularly like rounding and did not think I could do three years of it. I then thought surgery would be the ticket, but it was not to be; for one, we were expecting twins, and a five-year residency was a hard sell to my wife. Second, while surgery was heavy on the procedure aspect that I loved, I found myself wanting to see complex medical cases. I was lucky enough to do a rotation mid-third year at Banner Desert Emergency Department.

It was there I finally "found my people" and a perfect blend of complex, undifferentiated medical patients and procedures. I had found the skill set I wanted to develop, and I had found the people that would become my family for the next phase of my training.

#### **What made you interested in academic education?**

One of the first indicators that I was interested in medical education was when I was asked the question, "What would you have done if you hadn't chosen medicine?" My answer was always, "I would be a teacher." My mother started a school before I was born, so education and teaching has always been a core, fundamental thing in my home and family culture. I thought I wanted to be a teacher for the longest time, but I figured that I could be a doctor and a teacher, but I can't really be a teacher and a doctor. I was extremely fortunate to be offered the Clerkship Director position during my fellowship year, and it checked all the boxes for what I was looking for in a career.

#### **Can you tell us about your background before you went into emergency medicine?**

I am an Arizona native and did my undergrad at ASU before attending medical school and residency in Arizona. After I completed my residency, I stayed on to complete a one-year point-of-care ultrasound fellowship at Valleywise. I finished my fellowship in June of 2020, and I was brought on as full-time faculty. Amazingly enough, I was extended my position as The University of Arizona College of Medicine-Phoenix's emergency medicine Clerkship Director during my fellowship year, as our previous director



left in March of 2020, and I was asked to take it over. My wife and I have four kids, the first of which was born during my first year of medical school, and then we had twins born in my fourth year, and our youngest is almost two years old now.

### **What is your favorite part about working in emergency medicine?**

In the house of medicine, we tend to specialize and subspecialize so much that the scope of medicine is hyper-focused on either a specific organ system or even patient age, except in the emergency department! In one shift, I can go from seeing a 12-day old child for difficulty feeding to a 92-year-old elderly woman for difficulty breathing. The diversity in undifferentiated patient presentations and complaints, along with the variability in procedures and treatments, made emergency medicine precisely what I was looking for. It gave me the ability to become a jack-of-all-trades within the house of medicine, seeing anyone, at any time, with any complaint in the emergency department. There is always something to learn in the emergency room for someone who is naturally curious like me, and there are always opportunities to grow.

### **What skills do excellent emergency medicine physicians possess?**

Because the specialty covers such a breadth of medical practice and knowledge, you must always be curious in learning new things. You can graduate from residency, and you will be competent in the moment, but if you stop reading, learning, and pushing yourself, you will be out of that moment in less than five years. That is how fast and how much medicine and specifically emergency medicine changes and grows. So in order to be an exceptional emergency medicine physician, you genuinely have to be a lifelong learner. This means keeping up on current literature, maintaining your skills, and remaining confident in your ability to provide patient care no matter the setting.

**“There is always something to learn in the emergency room for someone who is naturally curious like me, and there are always opportunities to grow.”**

### **How can medical students be successful during their emergency medicine clerkship?**

The best thing that you can do to prepare for your emergency medicine clerkship is to develop an understanding of what it means to think like an emergency medicine physician. One of the most important things I tell the students on day one is that they are evaluated through their presentations to the attending physician. In emergency medicine, the amount of information that we take in and synthesize on undifferentiated patients can be

overwhelming, so we focus on what is acute and life-threatening and what we can do to rule out or decrease the probability of the patient having any of those serious conditions. The thought process that goes into an acutely undifferentiated patient in the ER is a bit different from the approach in another clinical setting. Being aware of this will go a long way when you're on your emergency medicine rotation. If you can give a succinct presentation to the attending, that is one of the most significant factors in their student evaluation. There is also some core knowledge that you should develop about the most common chief complaints that bring patients into the ER. Chest pain, shortness of breath, and abdominal pain are all frequent conditions that you should know a bit about. Know enough to perform a pertinent history and physical examination so that when you present to the attending, you know what exams and studies you should do and what their results could mean. EM Basic and EM Clerkship are great podcasts for students wishing to learn more about common chief complaints.

How can the emergency medicine clerkship help students interested in an emergency medicine residency?

### **How can the emergency medicine clerkship help students interested in an emergency medicine residency?**

If you're interested in an emergency medicine residency, we have something called a SLOE, or standard letter of evaluation that is used by programs in the assessment of applicants. You have to get this

through an established EM residency program, so in order to do that, you have to do a rotation through a facility with an EM residency program. I help with the creation of these as students rotate through our Valleywise campus. The SLOE is a template where we plug in numbers to rank the students, then add our specific feedback. Having this uniform platform to judge students objectively adds much weight to a residency application, giving programs a much better tool for assessing applicants.

**Is there anything else that you would like to share or any final words of wisdom to us medical students?**

Imagine that the house of medicine was a circle, and each specialty is represented as a wedge of that circle like a pie chart. If you draw a smaller circle in the center, encompassing bits of all other specialties by

cutting off the tips, that would be emergency medicine. If you go to any clinic and have a patient with unstable vitals or a patient that they did not feel comfortable with, where will they send them? The emergency room! As the jack-of-all-trades, we are not masters of any single field, but we are the hospital's front door, masters of the undifferentiated patient, and we are available 24/7/365; with or without insurance, we will treat and stabilize. I am deeply proud of this and to call myself an emergency physician.

**- Jacob Howshar, MS2**

## Emergency Medicine Through the Ages

Post-World War II, America saw an exponential development in automobiles, highways, and suburbs. This new mobility, coupled with increasing specialization in medicine, separated many patients from traditional family physicians. In 1955, emergency “rooms” (now “emergency departments”) were staffed by various specialty physicians who weren’t equipped to treat a wide breadth of patients. The ED was often labeled “the weakest link in the chain of hospital care.”

1966: The National Academy of Sciences declares accidental injuries as an epidemic. New safety standards are created for automobiles. National standards for pre-hospital EMS systems are implemented.

1968: The American College of Emergency Physicians is formed.

1970: Bruce Janiak becomes the first emergency medicine resident at the University of Cincinnati; 5 years later, there are 31 EM residency programs.

1979: EM officially becomes the 23rd medical specialty.

1986: The Emergency Medical Treatment and Labor Act becomes law to prevent “patient dumping.” Hospitals that accept Medicare must screen and treat any patient.

Over the past several decades, the number of patients visiting EDs has continued to rise, while the number of inpatient beds decrease leading to ED crowding. Trauma has decreased, while the average age and complexity of patients has increased. More emphasis is placed on psychiatric and value-based care.

Jarou, Z., MD. (2021). EMRA and CORD Student Advising Guide: An Evidence-Based Approach to Matching in Emergency Medicine (5th edition). Emergency Medicine Residents’ Association. (<https://www.emra.org/books/msadvisingguide/choosing-emergency-medicine/>)

# Thomas Striegel, DO

## Clerkship Co-Director

### The University of Arizona College of Medicine – Phoenix

*Dr. Thomas Striegel is the EM Clerkship Co-Director at The University of Arizona College of Medicine - Phoenix and an Emergency Department physician at Banner - University Medical Center Phoenix. He received his medical degree from Des Moines University College of Osteopathic Medicine in Iowa.*



#### **Tell us about how you decided that emergency medicine was right for you**

As far as emergency medicine being right, I had a bit of a head start. I started out as a fire medic and worked for paid fire service for a number of years in the late 1990s. It was a wonderful experience and I enjoyed the job, but I wasn't necessarily doing what I was trained to do every day. I recognized that I really liked the medicine, and that medicine is continually evolving. I finished my undergraduate degree and matriculated. In medical school I tried to keep an open mind, but ultimately I recognized that I liked being a generalist and practicing a combination of medicine and surgery. Emergency medicine fits these passions.

#### **Can you tell us more about how you got involved in your role as a Clerkship Director?**

I completed residency in 2010 and initially I moved to Iowa and started working with a democratic (small, group directed) practice that staffed multiple emergency departments. As part of my evolution as a physician, I began to recognize that caring for patients that had serious life limiting illness and having good conversations with patient focused decision making was important. I left the practice after six years and completed a fellowship in hospice and palliative medicine. After completing the fellowship I returned to the emergency department full time with Envision Physician Services that staff Banner University. I've always had a passion and interest for teaching, even in the private group setting and my roles evolved. I took on extra responsibilities as a clinical educator in the emergency department. When the Clerkship Co-Director became available, I

was recommended and I could not be happier with my additional activities.

#### **What can students do to be successful during their emergency medicine clerkship?**

For a third year medical student who has an interest in emergency medicine I think the biggest thing is to pay attention in all specialties. I know that can be overwhelming, but we are generalists. I like to think of us as being second best at every speciality so you have to be well rounded. We recognize when the potential for seriousness exists, how to mitigate emergent conditions and appropriately disposition patients. Most importantly, we know when it's necessary to engage the specialists who are best at everything. Having diverse knowledge and experiences will help you evaluate, treat and properly disposition patients during EM clerkship.

I think another thing that is important for those who may be interested in emergency medicine is considering other aspects, such as quality of life. We have a wonderful quality of life in the emergency department since it is shift work and physicians aren't on call, but it is also challenging. The negative is that the emergency department is open 24 hours a day, so you're expected to cover shifts during those hours which affects work life balance. The emergency department can be incredibly demanding with very acutely ill patients but it can also be stressful due to limited resources. This requires an ability to listen and communicate well, and then make good decisions. This includes independent choices when you have to make rapid, life saving decisions, but also to be able to communicate and share decision making. Understanding this aspect of our work in the emer-

gency department will help any fourth year medical student prepare for an emergency medicine clerkship.

### **What advice would you give a first or second year medical student who may be interested in emergency medicine?**

Medicine is so enormous and there are many professional choices under medicine's umbrella. You have specialties and subspecialties that fit every sort of personality type, lifestyle preference and communication style. Be deliberate: know yourself as a person as you evaluate options and make a final speciality selection. Recognize that medicine, like life, can be a big do over. It may be complex but when you recognize, "Hey, I'm not as fulfilled as I thought I might be," you can always make another choice in medicine to fine tune your life, and get where you desire.

### **What changes have you seen in your specialty, and how do you see emergency medicine changing in the next 10 years?**

Our EM providers have evolved from doing simple triage to practitioners with more independent decision making/management in the emergency department, requiring proper workups and correct diagnoses. We need appropriate dispositions to know which patients are safe to be discharged and which patients require admission. EM training is more robust and the decision making within that training and outside of training as attendings is more complex. We are able to handle the work more independently, yet understand when to utilize other available resources if there is question or doubt. I think that's going to continue to evolve and progress, where more is being asked of emergency providers.

Another aspect that has really evolved in emergency medicine is bedside ultrasound. Point of care ultrasound (POCUS) is the stethoscope of the future, allowing more rapid diagnosis/differentiation in real

time. POCUS was just being introduced when I was a resident and now is one of the most common fellowships EM grads enter.

I think one of the things that I am happiest to see in the emergency department, just like the whole of medicine, we as practitioners are doing a much better job of initiating conversations with patients and their families regarding what matters most. We're doing a better job of being aware that "all of the medicine all of the time" is not necessarily the right medicine. We are having more conversations amongst ourselves and in turn, we feel more comfortable engaging patients and family members and making sure there is deliberate decision making when there's serious and/or life threatening illness. Emergency providers who don't feel comfortable initiating the conversation are still present but it is more common to hear encounters which include questions like, "What's best for you? What are your fears? What are your hopes?" and being able to honestly engage when we recognize a situation in which the treatment may contain more suffering than the disease. Emergency medicine, like all of medicine, is becoming a little less paternalistic, a little less autocratic and a little more open to shared decision making after deliberate conversations about what matters most for the patients and families.

### **Do you have any parting words of advice?**

Reach out to mentors when you identify that there might be a specialty in which you have interest, on campus and through professional organizations, to start having conversations. Throughout your evolution, take time to be aware of yourself and your humanity, recognizing who you are, what you believe, and what you value. This will help maintain a center and find your path professionally. Best of luck.

**- Alexxa Wirth, MS2**



# Haig Aintablian, MD

**Resident, UCLA Medical Center  
Alumnus  
President of AAEM/RSA**

*Dr. Haig Aintablian is a resident physician in Emergency Medicine at UCLA Medical Center and graduate of the The University of Arizona College of Medicine – Phoenix. He graduated from USC where he obtained a Bachelor of Arts in Biological Sciences and his Master of Science in Molecular Genetics and Biochemistry. He is also the President of the American Academy of Emergency Medicine Resident and Student Association (AAEMA/RSA).*



## **When and how did you know you were interested in this field?**

During all of my rotations, I loved everything. I had difficulty deciding on a single thing because I enjoyed everything so much. But, when I did my EM rotation during fourth year, I knew it was right for me. It was the most fun part of the hospital, people were the most chill, and the medicine was the most interesting to me. In retrospect, it was the best decision of my life. I could not have found a better specialty for me.

## **It seems like you had interest in a lot of very different specialties. What led you to ultimately decide on emergency medicine?**

I was drawn to each specialty for particular reasons that are unique to each specialty. So I ultimately decide on EM because I got to see everything. There isn't a day that I don't see so many cases involving different specialties.

## **How did your medical school experience impact this decision?**

Mostly, EM touches on all of the specialties in medicine. But also, the people in EM. There is a certain breed and personality fit in each specialty. A lot of EM doctors have a drive to change medicine, they are all leaders in their communities. I saw myself doing anything I wanted by pursuing EM. For example, I do a lot of health policy work. And it has pushed me to do a lot of other things, like working in a war zone. The University of Arizona College of Medicine -

Phoenix specifically was a fantastic way to prep for EM. The way students are taught allows us to see what we need to see and be able to hone in on the specialty that is right for you. We got such good glimpses of the specialties early on in medical school. Also, the EM preparation is great - the leaders in the school introduced me to a lot of the leaders in EM.

## **Did you ever feel limited in the match coming from a newer, small school? Or at a disadvantage not having a lot of home programs?**

We had so many good clinical sites and opportunities, I never worried about not having the experience I need coming from The University of Arizona College of Medicine - Phoenix. We have alumni everywhere, from every California school to every Ivy League. We produce great graduates and have a strong alumni network. Plus, our school is small enough where you can tug on an alumni and they treat you like a little sibling. I've even done that a few times. Also, I would not worry about not having a home department- a lot of alumni matched into their desired specialty.

## **What do you wish you would have done differently in the first three years of medical school to prepare you for now?**

I don't think I would have done anything differently. The pathway to your specialty is very much part of your medical school journey. I changed my mind a lot, but I wouldn't have done it differently. I was first interested in medical genetics, then cardiothoracic surgery, then ophthalmology.

## What advice would you give students considering this field?

If they want to reach out to me, they totally can - I am president of AAEM/RSA and represent thousands of medical students and residents. Generally, I would advise students keep an open mind. Don't choose a specialty until you have seen enough. Once you think you know what you want, dive deep into it. Try to find a project and try to find your niche. Figure out if you want to do work in the community, research, or policy. Find out why you love it and hone in. For transitioning to residency, I would tell students don't worry about adjusting to residency until day 1 of residency. Enjoy med school, enjoy the transition, and then on day 1 of residency, start becoming a resident. Regardless of what you do in medical school, you will be trained. Don't push yourself because you will get fantastic training either way. As physicians, we are blessed. Sit back, enjoy the ride, and do as best as you can. In the free time you have, be a human being.

## How did you prepare for your residency applications? Was there anything you would have done differently?

I prepared by always being ahead of schedule. If I knew that something would be due soon, I would start gathering materials early on and that really

helped. 90% of the process is really stress mitigation. If you prepare early, then you will feel much better. When you start getting interviews, you will feel more confident. The quicker you are with applications, the more likely they are to interview you. Prepare early, log everything as you go along through medical school, and you'll be able to sell yourself well when it is time to apply to residency.

## Why did you choose UCLA?

I loved the UCLA program. I did a Sub-I here and I love the people, the chill vibe, and we are the best hospital on the west coast. There's a pride to be at one of the best hospitals in the nation. Also, our program is hybrid- community and academics, so for me it is the perfect palace to train.

## Do you have any hobbies or things you do outside of work? How is general work-life balance in your field?

When COVID hit, I got a van and toured in a camper van and have traveled to 49/50 states (I am planning a trip to Alaska soon!). I also take a lot of photos of the Milky Way and do astrophotography. With residency, if you are smart about it you can do so much in your free time. You have vacation blocks and if you plan correctly, you can take a good amount of time off. Year after year, residency gets better.

- Miranda Yousif, MS2

## Comparing 3- and 4- Year Programs

EM is unique in that applicants have the option of applying to both 3- and 4-year training programs. Approximately one-quarter of programs are 4 years in length. Applicants must weigh the cost of spending an additional year being paid as a resident, rather than an attending, with the benefits that can be gained by graduating from a 4-year training program. Many applicants will apply to a mix of both 3- and 4-year programs, and must consider what makes an additional year of training at each program "worth it."

There is no difference in moonlighting opportunities, total critical care time, or percentage of time spent off-service during intern year between 3- and 4-year training programs; however, 4-year programs typically offer 14 weeks of elective time, compared to only 7 weeks of elective time at 3-year programs. Four-year programs are more likely to have Internal Medicine, Neuro ICU, and Administration rotations, and on average have an additional 2.4 weeks of time spent doing pediatric EM.

Jarou, Z., MD. (2021). EMRA and CORD Student Advising Guide: An Evidence-Based Approach to Matching in Emergency Medicine (5th edition). Emergency Medicine Residents' Association. (<https://www.emra.org/books/msadvisingguide/finding-your-fit/>)



# Kylie Jenkins, MD

## PGY-1, Alumna Valleywise Health Medical Center

*Kylie Jenkins is a graduate of The University of Arizona College of Medicine – Phoenix class of 2021 and is now a PGY-1 at Valleywise Health Medical Center. She graduated from Arizona State University in 2015 with a degree in economics.*



### When and how did you know that emergency medicine was the right fit for you?

As a pre-med student, I spent a semester interning at an emergency department. Seeing those physicians handle anything that walked in the door inspired me. The notion of being the person in the room who knew how to intervene during intense situations seemed very intriguing. I loved the variety and unexpectedness of each shift; even on “slower” days, there was always something to do. Having that early experience planted the seed in my mind that this could be the right specialty for me.

When I started medical school, I reasoned that since I already liked emergency medicine, I should take the time to explore other specialty options before making a commitment. I knew that I wanted a specialty that was varied, head-to-toe, allowed for procedures, and involved solving problems in the moment. I was quite methodical about considering and researching what different specialties entailed and how that fit into my vision of the type of physician I hoped to become. Eventually, after I went through a few of my core clerkships in my MS-3 year, I realized that my curiosity was most piqued by the undifferentiated patient. I enjoyed the practice environment that the emergency department offers over both inpatient and outpatient experiences, and I craved the variety and purpose that, for me, was most palpable in the emergency department. While I did not have an emergency medicine rotation before I had to commit to a specialty decision, my experience in

emergency medicine early in my MS-4 year only confirmed that emergency medicine was the perfect specialty for me.

### What extracurricular activities have you been involved in?

I did some of the popular extracurricular activities like being a student ambassador and a leader for a few interest groups. However, I really enjoy community work that involves education and working with kids, so I also did programs like Summer Scrubs and InstaMed to do STEM outreach for high school students. In that same vein, I took on the role of men-

toring a high school student for her senior AP research project during my MS-4 year. I spoke about my involvement in these education outreach activities much more than I ever would have expected during interviews, but it was some-

thing I was passionate about and it spurred my interest in medical education. During the initial quarantine in 2020, when we were on virtual clerkships, I volunteered with the COVID-19 Literature Surveillance Team to review and summarize the literature about COVID that was compiled into a daily report for clinicians and policymakers. On my residency interviews, this was a frequent topic of conversation; I think programs were interested to know what students did during quarantine.

I often felt during medical school that I wasn't doing enough. My classmates are amazing, productive, and compassionate humans, and I was frequently in awe of the things that people accomplished while being

**“Do extracurriculars that you enjoy; your enthusiasm will translate on your application and in your interviews.”**





busy medical students! It's easy to get caught up in comparing yourself to others. What I found is that the trickle of activities that I had done out of personal interest over the four years accumulated into a substantial number of extracurricular activities when I was working on my residency application. All of these extracurriculars were things that I truly enjoyed so it was easy for me to discuss them on interviews, even if they had nothing to do with emergency medicine specifically. It's always better to save your time and energy for a few things that you actually like, and your enthusiasm for it will come across to other people easily!

### **What would you have done differently during your four years of medical school to better prepare yourself for now?**

Coming from an economics background, I struggled initially with transitioning to medical school. I had to relearn how to study appropriately for medical school exams. I did poorly when I attempted to memorize just for the test; once I changed my goal to understand how and why things happened, my studying became more efficient, and my test performance became much more consistent. This mindset carried over to my performance on clerkships because having a solid understanding of a topic made it easier to grasp what I was seeing in my patients.

Once I was on clerkships, I also had to adapt my learning style for this new type of learning environment. On clinical rotations, I prefer to learn by observing and listening to what's going on around me. Even if I've seen something or heard of something before, I often ask the preceptor to explain it to me anyway, because I like to see how other people approach things. On my very first rotation, this translated to the attending perceiving me as quiet and shy, which is not true of me as a person, but I had to recognize how others might misconstrue my learning style. I pushed myself to speak up and speak out (when appropriate) to make my presence more felt during rounds. I'm glad that I learned this lesson sooner rather than later, because I felt like I was more respected because of the changes I made. It's important to reflect on how you act on clerkships,

because unfortunately, evaluations can be quite subjective. Certain qualities about yourself that are actually positives may be misunderstood by others. Maintain your ability to self-reflect and adapt to different environments and preceptors.

### **What advice would you give to those interested in emergency medicine?**

It can be hard to get exposure to emergency medicine before the MS-4 clerkship, so I would recommend shadowing emergency physicians before then so you can see what it's like. Even when I was on other rotations, I would volunteer to take the ED consults so that I could have extra chances to sneak down to the ED and get that sense of being the first one to lay eyes on a patient. Involvement with the academic and professional societies can also be a good way to meet people and make connections.

I think in comparison to other specialties, emergency medicine tends to value clinical performance more than academic strengths. Board scores matter somewhat, but most programs seem quite open-minded about lower board scores, especially if there is compensation in other areas like clinical grades. Do extracurriculars that you enjoy; your enthusiasm will translate on your application and in your interviews. Research does not seem to be as emphasized for emergency medicine but having some research experiences in the field can definitely open doors at more academic institutions if that is something that interests you. I had two research experiences in emergency medicine when I applied, and I think those helped demonstrate my specific and ongoing interest in emergency medicine.

This application cycle was challenging for many reasons, and I hope that it returns to normal for future classes. I think something to keep in mind when writing your application is that you are in control of your own narrative. Every decision you made along the way can be turned into a cohesive story about your journey into emergency medicine and your commitment to the specialty. No two applicants are going to be the same, and programs read all of your application quite carefully. Once you check the standard boxes, they will be very interested in who you



are as a person, why you want to do EM, what your career goals are, and of course, why you want to go to their program specifically. Make their job easier by spelling all of that out for them while you have the chance to do so! You can do this by tailoring your personal statement to show programs how your strengths and goals fit their mission. You should apply broadly and don't sell yourself short by not applying to programs that you think are out of reach, because you really never know what might happen!

Likely the most important part of your application will be your SLOE, the standardized letter of evaluation from your rotation. The SLOE has always been important, but especially this past cycle with no away rotations, it felt like the SLOE became that much more emphasized. There's more than one way to approach doing well on the sub-I, so different people will have different opinions about what worked for them. For me, I openly embraced my role as a learner and was not afraid to ask questions or admit when I did not know something. There is some well-known advice out there about getting a good SLOE that would tell you to behave otherwise, but people will always respect your honesty in admitting you don't know something. Also, if you act like you already know everything, people are less inclined to teach you! That being said, I focused on being thorough

with my patients, while making succinct presentations that focused on the plan. Frequently check up on your patients and give your team updates on their statuses. Emergency medicine values being a team-player and having good communication skills too. I can say so much more about this, so please feel free to reach out to me if you'd like to discuss sub-I performance further!

### **Is there anything else you want to share?**

My experience at The University of Arizona College of Medicine - Phoenix has been a genuinely wonderful one. For all the challenges that come with being a medical student, I was grateful to attend a school that prioritizes student well-being when it can. While it was not always possible to feel balanced, I was happy to approach graduation feeling like I managed to succeed in medical school while also staying true to myself. An attending once told me, "You can have it all, but you can't have it all the time." Medical students are under so much pressure to learn, understand, and apply complex information under stressful circumstances, and it can feel all-consuming at times. Do what you can to maintain a sense of identity outside of being a medical student because there is so much more to you as a person than just that one aspect of yourself.

**- Ankedo Warda, MS2**

## **SLOE: Standardized Letter of Evaluation**

**eSLOE:** a standardized letter of recommendation from an EM rotation at an academic/residency program. This holds the most weight. Most students will get 2-3 eSLOEs from the rotations they complete.

**SLOE - Non-EM Residency Faculty:** an alternate SLOE for authors who do not have an established EM residency program at their institution

**SLOE - Subspecialty Rotation:** an alternate SLOE for authors from a sub-specialty rotation

**O-SLOE: Off-service Standardized Letter of Evaluation:** Created in 2020 for authors from other rotations (ex: Surgery, Medicine, Pediatrics, etc.). Recommended to be someone that knows you well, more than someone that is well known. All off-service rotations hold the same weight.

For more information: <https://www.cordem.org/resources/residency-management/sloe/>

# Weston Frazier, MD

## PGY-1, Alumnus

### University of Tennessee Saint Thomas Health

*Weston Frazier is a graduate of The University of Arizona College of Medicine – Phoenix class of 2021 and is now a PGY-1 at University of Tennessee Saint Thomas Health. He graduated from Arizona State University with a degree in applied biological science. Before starting medical school, he was an EMT and is currently serving in the Arizona Army National Guard as a medical officer.*



#### When and how did you know you were interested in EM?

For me, it started well before medical school. When I was 19 years old, I was in a car accident and uninsured. I was brought into the emergency room and just saw how amazing they were at taking care of me despite my lack of insurance, which sparked my interest in EM. Several years later I became an EMT and worked as an emergency department technician. This experience solidified my desire to pursue EM.

That said, I tried to keep an open mind through third year rotations, but every rotation I did just could not compete with that same initial passion I had for EM. After my rotation in EM, I knew I made the right choice pursuing a career in EM.

#### What other fields were you considering? And what ultimately led you to pursue this field over others?

EM was my first love, but I also considered anesthesia and orthopedic surgery. I ended up choosing EM because I like procedures and I also like critical care, and EM is the perfect union of both. On top of that, I like that in emergency medicine, for the most part, insurance or bureaucracy has little intervention in how I treat the patient. Whoever walks through that door gets my full attention and arsenal of tools regardless of their belief, creed, or socioeconomic status. Lastly, I am married and have kids at home, and the lifestyle of an EM physician allows me to spend plenty of time with my family.

**“Emergency medicine can be very stressful in ways, but I think this field truly exemplifies the Hippocratic Oath.”**

#### What do you think set you apart from other applicants?

I think a lot of what set me apart was my prior experiences as an EMT. On top of that, having something unique to talk about during interviews, like EM specific research, military service and certain electives. A specific example of a unique elective is a research elective through SpaceX in Cameron County, Texas where I worked with a classmate of mine to test the efficacy of a more stringent COVID mitigation plan. I

joined the Arizona Army National Guard at the end of my first year, and with that, a lot of my free time was spent on military service. Otherwise, make sure you do very well in your EM rotation to get a good standard-

ized letter of evaluation and of course do well on your STEP exams. Also, being able to speak Spanish has helped me as well.

#### How did you prepare for your residency applications?

Make sure you do well on your Step exams and ace your EM rotation! As for the actual application, I approached my personal statement by first talking about what triggered my interest in EM and then how I cultivated that interest throughout medical school. Keeping in mind to explain what you can bring to the program and why you would be a good fit for their program. I tailored the last paragraph of my personal statement to specific programs that I was particularly interested in. Also, if you have any

tie to the area, make sure to add that into your personal statement.

### **What do you wish you would have done differently in the first three years of medical school to prepare you for now?**

I think I would try to gain more exposure to different training settings for EM residency. There are various types of training sites, including: academic, community, county and military. I think knowing which setting clicks with you would be beneficial before going into the residency application cycle. Also, since I did not really do a lot of research until my fourth year, I think I would have done more early longitudinal research projects.

### **What advice would you give to students considering EM?**

I would recommend spending some time in the emergency room! This is the only way that you're going to be able to see how it really is in the emergency department. I think a lot of times people think EM is

all guts and glory and gunshot wounds coming in the door, but the reality can be very different than that. Sure, in some downtown areas, you will see plenty of trauma cases. But even then, a lot of times you have trauma teams there and they take over when the trauma has come in. Overall, I would say don't think of EM as an adrenaline rush but more of a job of compassion. You are going to be dealing with a lot of hard and critical situations where people die but mostly where people just need to be patched up and listened to. During those moments, it is our compassion for the universality of the human condition that keeps us going.

### **Do you have anything else you would like to share?**

Emergency medicine can be very stressful in ways, but I think this field truly exemplifies the Hippocratic Oath. Also, if anybody ever wants any tips or advice about the profession, reach out and I'd be happy to share whatever insights I have.

**- John Lin, MS2**

## **EM Interest Group at UArizona College of Medicine – Phoenix**

### **Leadership Co-Chairs**

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### **Faculty Advisor**

- Dr. Geoff Comp, DO FAWM ([geoffbc@gmail.com](mailto:geoffbc@gmail.com))

### **Mission Statement**

The Emergency Medicine Interest Group is dedicated to the education and exposure of our campus to topics related to emergency medicine.

<https://www.uacomps.org/orgs/med-focused/emig>

## Summary Statistics on U.S. MD Seniors Emergency Medicine - 2020

	Matched (n=1,598)	Unmatched (n=141)
Mean number of contiguous ranks	12.8	6.1
Mean number of distinct specialties ranked	1.1	1.4
Mean USMLE Step 1 score	233	223
Mean USMLE Step 2 score	247	235
Mean number of research experiences	2.8	2.6
Mean number of abstracts, presentations, and publications	4.3	3.7
Mean number of work experiences	3.8	3.3
Mean number of volunteer experiences	7.8	6.9
Percentage who are AOA members	11.8	2.1
Percentage who graduated from one of the 40 U.S. medical schools with the highest NIH funding	27.7	19.2
Percentage who have a Ph.D. degree	1.5	0.0
Percentage who have another graduate degree	17.2	22.2

Source: National Resident Matching Program, Charting Outcomes in the Match: Senior Students of U.S. Medical Schools, 2020. National Resident Matching Program, Washington, DC 2020.

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If you have any suggestions for articles of interest, corrections, or comments for how we could enhance the newsletter, please do not hesitate to contact us at [lshahpatel@email.arizona.edu](mailto:lshahpatel@email.arizona.edu) or [comphx-specialtyinfo.email.arizona.edu](mailto:comphx-specialtyinfo.email.arizona.edu)