

How to Shine & Match in Emergency Medicine

A Guide for Medical Students Applying to EM Residency

Based on EMRA/CORD/CDEM/ACEP/AAEM Guidelines — 2025–2026 Cycle

What We'll Cover Today

1

Is EM Right for You?

Choosing the specialty

2

Building Your Foundation

Pre-clinical & MS-3 years

3

Crush Your Clerkships

eSLOE — your #1 asset

4

Away Rotations

Strategy, timing, limits

5

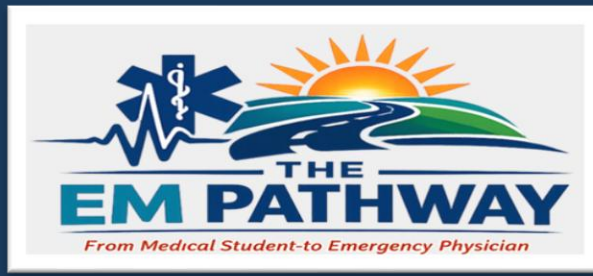
Building Your Application

ResidencyCAS 2025-2026

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Signals, Interviews & Rank List

Getting to Match Day



Is Emergency Medicine Right for You?

EMRA/CORD Student Advising Guide — Chapter 1

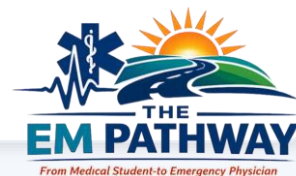
Why Emergency Medicine?

The EM Mindset

- Thrive on variety, unpredictability, autonomy
- Immediate impact on critically ill patients
- Broad scope: from papercut to cardiac arrest
- True team sport: nurses, techs, consultants
- Built-in schedule: shift-based, no call

What Programs Want to See

- Genuine passion for the specialty
- Resilience and adaptability
- Clinical reasoning under pressure
- Leadership and communication skills
- Community and EM engagement



Demonstrate Your Commitment to EM — Early

Join your school's Emergency Medicine Interest Group (EMIG):

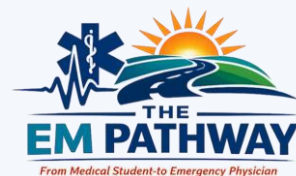
- Take leadership roles — 70% of PDs cite leadership as important (NRMP 2021)
- Organize skills workshops, bring in speakers, attend regional events

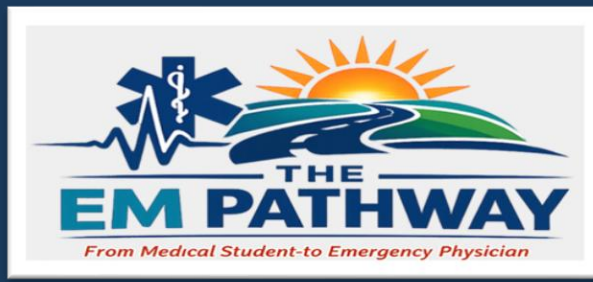
Get involved nationally:

- EMRA: Student-Resident Mentorship Program, Medical Student Council, virtual advising
- ACEP: Medical Student Leadership opportunities, advocacy, policy work
- AAEM/RSA: Ambassador program — faculty mentors at scientific assembly

Find an EM Advisor early:

- Seek faculty at ACGME-accredited EM program; CORD ASC-EM for distance advising
- Distance advising: distanceadvising@cordjobboard.com





Building Your Foundation

Pre-Clinical Years & MS-3 — EMRA/CORD/CDEM Guidance

Year-by-Year Roadmap (CORD ASC-EM Planner)

1

MS-1: Foundations

Ace basic sciences, find an EMIG, shadow in the ED, explore EMRA resources

2

MS-2: Deepen Commitment

EMIG leadership, research, Step 1/Level 1 prep, connect with EM mentor

3

MS-3: Third Year Clinical

Excel in ALL clerkships (they're in your MSPE), plan EM rotations, take Step 2 CK early

4

MS-4 Early: EM Rotations

Home rotation + 1 away rotation (summer/early fall), secure eSLOEs

5

MS-4 Fall: Apply

ResidencyCAS opens June; submit by late September; 5 program signals

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MS-4 Winter: Interviews

Rolling invites Oct–Jan, mostly virtual; rank list due in February

Board Scores: What You Need to Know

Step 1 is now Pass/Fail — but passing on the FIRST attempt is critical:

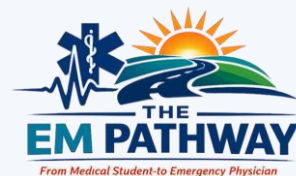
- Failed Step 1/Level 1 is the highest-rated red flag by EM PDs (4.6–4.7/5 importance)
- ~50% of programs will not interview applicants with a Step 1 failure

Step 2 CK is your new numerical score — it matters:

- Average matching EM student Step 2 CK: 247
- Competitive: 240–259 | Very Competitive: >260
- Have your Step 2 score available by September 25 (application opening)
- CORD guidance: Step 2 CK strongly recommended even for DO students

DO/Osteopathic students:

- Taking USMLE Step 2 CK (in addition to COMLEX Level 2) opens significantly more programs
- 81% of ACGME programs will interview DO students (NRMP 2021)



Grades That Matter: 3rd-Year Clerkships

Core clerkship performance is **HEAVILY** weighted:

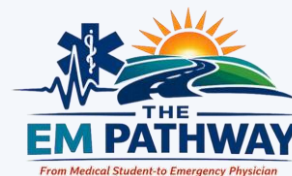
- Your MSPE shows performance vs. peers in all 3rd-year clerkships
- Programs value upward grade trajectory — a downward trend raises concerns
- Core clerkship grades appear in visual format in most MSPEs

Which clerkships matter most:

- Surgery, internal medicine, pediatrics, OB/GYN: demonstrate breadth of clinical skill
- EM rotation grade: cited as very important year after year by PDs

The MSPE (Dean's Letter):

- Administrative summary of your full medical school performance
- Includes narrative feedback from clerkships, honors, red flags
- Know your MSPE — be ready to address anything in it during interviews



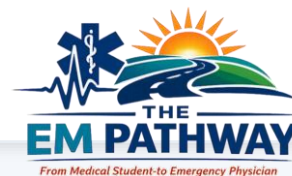
Research, Leadership & Volunteering

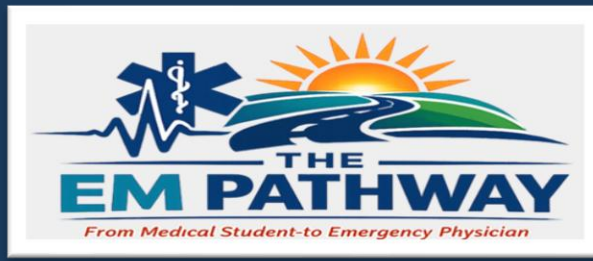
Research (EMRA/CORD Guidance)

- Not heavily weighted by most PDs: only 36% cite it for interviews, 23% for ranking
- Quality > quantity: genuine engagement over CV padding
- 1–2 research experiences is the average for successful EM matchers
- EM-specific research helpful at academic/4-year programs
- Research during undergrad or grad school counts too

Leadership & Volunteering

- 70% of PDs cite leadership as important in the NRMP survey
- Long-term commitment > one-off events (PDs can tell the difference)
- Average matcher: 7.3–7.8 volunteer experiences
- Non-medical work experience (customer service, EMT, scribe) demonstrates EM-relevant skills
- EMRA and ACEP involvement shows specialty-specific commitment





Crush Your Clerkships & Secure Your eSLOEs

Your #1 Application Asset — EMRA/CORD/CDEM

The eSLOE: Your Most Important Application Component

eSLOE = Electronic Standardized Letter of Evaluation:

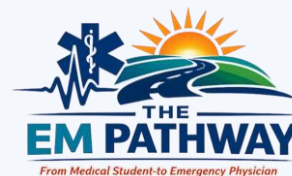
- Completed by clerkship director / residency program leadership at end of EM rotation
- Rates you across clinical skills, knowledge, professionalism, and overall ranking vs. peers
- 90.5% of PDs cite eSLOE as one of the most important factors in selecting candidates (NRMP 2021)

How many do you need:

- CORD guidance: 1–2 eSLOEs (from institutions with ACGME-accredited EM programs)
- Two eSLOEs = standard expectation; have both by October if possible
- A third eSLOE is rarely needed and not recommended by CORD for most applicants

Types of letters:

- Academic eSLOE (home/away rotation): carries the most weight
- Subspecialty SLOE (peds EM, tox, EMS, ultrasound): helpful addition
- O-SLOE: for strong off-service relationships (surgery, ICU)



How to SHINE on Your EM Rotation

Be a self-directed learner — function like an intern:

- Take ownership of your patients from presentation to disposition
- Anticipate team needs before being asked — pre-round on labs, imaging results

Clinical preparation (CDEM curriculum):

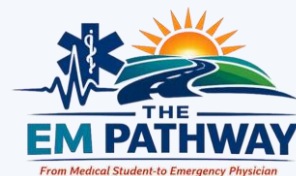
- Pre-read the CDEM M3/M4 online curriculum before your rotation starts
- Know your chief complaint-based approach; review core EM topics
- Present cases concisely and confidently — include pertinent positives and negatives

Professionalism and team fit:

- Arrive early, stay engaged; nursing staff and residents talk to attendings
- Be honest about what you know and don't know — EM rewards intellectual humility
- Show enthusiasm, ask thoughtful questions, follow up on patients

Communication skills:

- Write clear, concise notes — SOAP or focused ED format
- Communicate respectfully with consultants and ancillary staff



What the eSLOE Actually Evaluates

The eSLOE scores you across 5 domains:

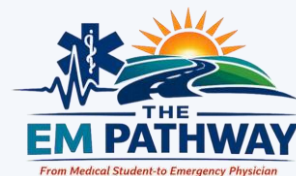
- 1. Clinical knowledge (medical knowledge applied at the bedside)
- 2. Clinical performance (history, exam, assessment, plan, procedures)
- 3. Professionalism (reliability, ethics, relationships, accountability)
- 4. Overall ranking vs. peers at this institution this year
- 5. Anticipated support for EM residency candidacy

The 'Overall Ranking' item is the most important:

- Programs compare your ranking vs. students rotating at that institution
- Strive to be ranked as 'one of the best' or 'outstanding' in your cohort

Get honest feedback mid-rotation:

- Ask your clerkship director: 'How am I tracking compared to other students?'
- Ask if they are able to write a 'supportive' eSLOE for EM residency



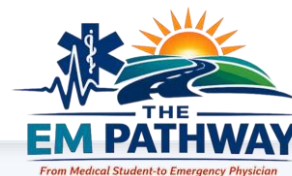
Rotation Do's & Don'ts

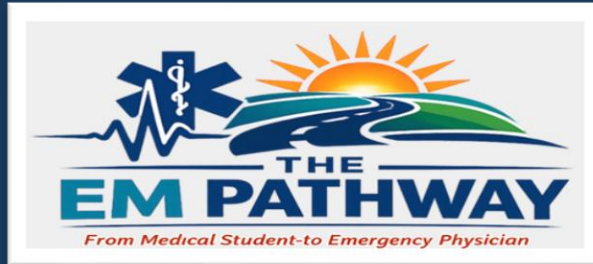
✓ Do These Things

- Own your patients start to finish
- Know the plan before rounds
- Volunteer for procedures
- Ask before the team is asked
- Follow up on every patient
- Dress professionally, arrive early
- Be kind to nursing and ancillary staff
- Ask thoughtful clinical questions

✗ Avoid These Mistakes

- Disappearing between patients
- Waiting to be told what to do
- Vague, unfocused presentations
- Excessive phone use on shift
- Being overconfident or dismissive
- Neglecting to ask for feedback
- Applying to 3+ rotations (CORD advises against)
- Doing it for the letter, not the learning





Away Rotations

Strategy, Timing & the Rules — CORD/EMRA

Away Rotation Strategy — CORD Guidance

Who needs an away rotation:

- Required for all students without an EM residency program at their home institution
- Home institution students: 1 home + 1 away = standard recommendation

How many to do:

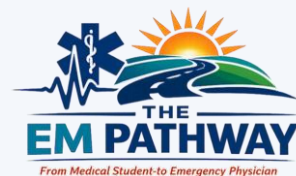
- CORD strongly recommends limiting away rotations to the MINIMUM NECESSARY
- 2 EM rotations total (1–2 eSLOEs) is the standard expectation
- 3 rotations: rarely appropriate; 4+ is actively discouraged and raises PD questions
- Equity concern: excess rotations take spots from students who need them more

When to schedule them:

- Summer and early fall of MS-4 (June–September)
- Have at least 1 eSLOE available when applications open in late September

Signal strategy (see Application section):

- Do NOT signal your home or away rotation sites — these are already high-yield for invites

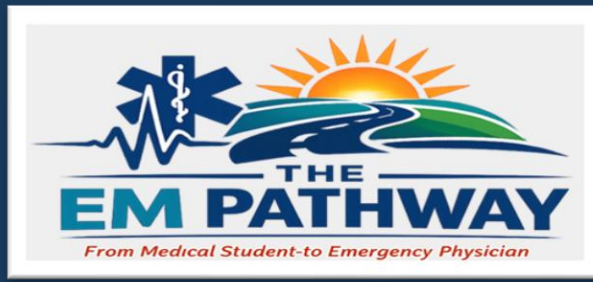


PEARL FROM THE FIELD

“An away rotation is a month-long interview. Program directors rated it 4.6/5 for extending interview offers — second only to the eSLOE itself.”

— EMRA/CORD Student Advising Guide, Chapter 8





Building Your Application

ResidencyCAS 2025–2026 — EMRA/CORD Guide Chapter 7

ResidencyCAS — The New Application Platform (2025–2026)

EM transitions from ERAS to ResidencyCAS for the 2025–2026 cycle:

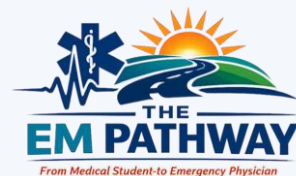
- All EM programs expected to use ResidencyCAS — check CORD's page for updates
- Access via link from your medical school Dean's office (IMGs via ECFMG)

Key timeline (mark your calendar):

- Early June: ResidencyCAS opens — begin editing and uploading documents
- Late September: Application submission deadline — DO NOT MISS THIS
- Programs gain access shortly after submission deadline (late September/early October)
- Rolling interview invites: October through January
- February: Rank list deadline

Submit on time — this is non-negotiable:

- Only 15% of PDs will review a late application (prior CORD survey)
- Submit first, then add documents (eSLOEs, letters) as they become available



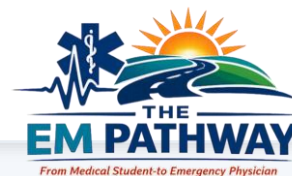
What's in Your Application

Core Application Content

- Personal information, biographic data
- Geographic Connections (new 2025-26!)
- USMLE/COMLEX transcripts
- Medical school transcript
- MSPE (Dean's Letter)
- Photo (professional — no selfies!)
- NRMP ID (register separately at [nrmp.org](https://www.nrmp.org))
- Couples match disclosure (optional)

Supporting Information

- Up to 12 Experiences & Activities (choose top 3)
- Up to 3 non-medical employment entries (new!)
- Publications and presentations (up to 30 each)
- Honor societies (AOA, Gold Humanism, Sigma Sigma Phi)
- Hobbies & interests (up to 3 — great interview conversation)
- Optional Reflective Statement
- Personal Statement (4,000 characters)
- Program Signals (5 total)



Experiences & Activities — Make Them Count

You get 12 total experience slots; choose your top 3 as ‘most meaningful’:

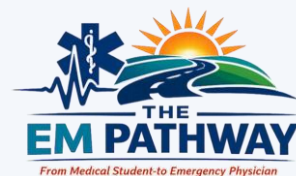
- Each gets a Type, Domain, and Competency label — these feed the holistic scoring tool
- Include start/end dates and hours/week — demonstrate sustained commitment

What to include (quality > quantity):

- Clinical work: ED scribing, EMT/paramedic, medical volunteer work
- Leadership: EMIG president, EMRA student council, ACEP student section
- Research: EM or non-EM research, QI projects, global health
- Non-medical employment (now separate!): customer service, prior careers

How to describe each experience:

- Don't just list — describe your role, what you learned, how you grew
- Authenticity matters: don't exaggerate scope or time commitment
- Be ready to talk about EVERYTHING you list during interviews



The Personal Statement — Show, Don't Tell

Purpose: Introduce yourself and demonstrate fit for EM (4,000 characters max):

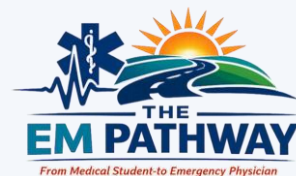
- One statement used for all EM programs — cannot customize per program
- Ranked BELOW SLOEs, interview performance, and EM grades in importance
- A bad personal statement can hurt you; a great one can tip close decisions

What to write (EMRA/CORD guidance):

- How you discovered EM — but avoid the cliché 'I love variety' opening
- Show qualities through SPECIFIC examples from your experiences
- Demonstrate resilience, leadership, and what makes you UNIQUE
- Close: what you're looking for in residency and how it fits your goals

Red flag candidates:

- Use part of the statement to address Step failures, gaps, or course failures
- Take ownership — no excuses; explain what you learned and changed



Letters of Recommendation — Building Your Portfolio

Maximum 4 letters per program; 3 is a good target:

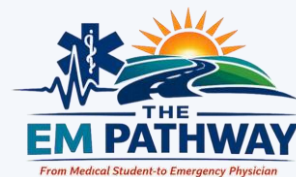
- Academic eSLOE (from ACGME-accredited home/away rotation): MOST valuable
- Subspecialty SLOE (peds EM, tox, EMS, ultrasound): strong addition
- O-SLOE (off-service clinical): surgery, ICU — more weight than narrative letter
- Narrative letter: research mentor, dean, non-clinical relationship

Critical rules:

- Academic eSLOEs carry more credibility than all other letter types
- Once 4 letters are assigned to a program and completed, you cannot change them
- Reserve a spot if you have a late rotation — don't fill all 4 slots early

Asking for letters:

- Ask early in your rotation: 'Would you be able to write me a supportive eSLOE?'
- Waive the right to read your letters — nearly universal practice; builds credibility



Program Signals — 5 Shots, Use Them Wisely

EM applicants receive 5 signals total, all equal weight:

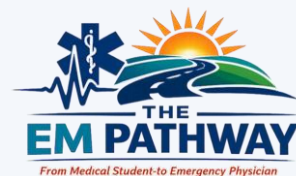
- Signals express strong interest in a program at the start of application season
- Programs view signals at initial file review — can be used as tie-breaker, prioritization tool, or waitlist ordering

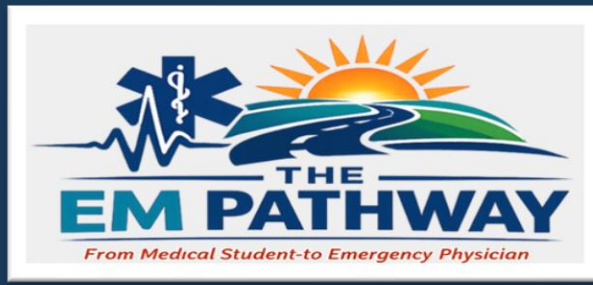
CORD/EMRA guidance on how to use signals:

- Signal programs you genuinely want to interview at — NOT to inflate your interview list
- Do NOT signal your home institution or away rotation sites (already high-yield!)
- Reserve signals for programs where you need the signal to get an interview

New: Geographic Connections (2025–2026):

- List up to 3 geographic connections with optional brief explanation
- Can include where you grew up, family ties, significant other's location
- Cannot personalize personal statement per program — signals + geographic connections fill that gap





Understanding Your Competitiveness

Apply Smarter, Not Harder — EMRA/CORD Chapter 8

The 4 Competitiveness Categories (EMRA/CORD Data)

Very Competitive:

- Step 2 CK >260 | Honors on EM rotations | Strong eSLOEs | AOA/leadership — Apply to 20–30 programs

Competitive (majority of applicants):

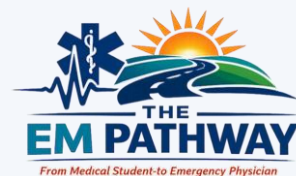
- Step 2 CK 240–259 | Mix of Pass/HP/Honors | 2 supportive eSLOEs | Demonstrated EM commitment — Apply to 25–40 programs

Less Competitive:

- Step 2 CK 211–239 | Passing EM grades | Fewer than 2 eSLOEs | Limited EM exposure — Apply to 35–45 programs; work closely with advisor

Marginally Competitive:

- Step 2 CK <210 | Only 1 EM rotation, passing grade | Non-supportive eSLOE | Red flags present
- Discuss parallel plan with advisor; EM may not be the right match strategy



What PDs Use to Select for Interview vs. Final Ranking

For Interview Offers (% of PDs citing as important)



Source: NRMP Program Director Survey 2021

— Red Flags That Can Kill Your Application

Academic red flags:

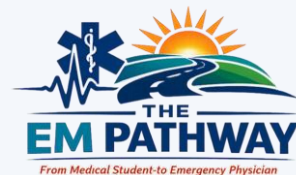
- Failed USMLE Step 1 or Step 2 CK on first attempt — ~50% of programs will not interview
- Failed preclinical course(s) without adequate explanation in PS or MSPE
- Low EM clerkship grade with no supporting eSLOE

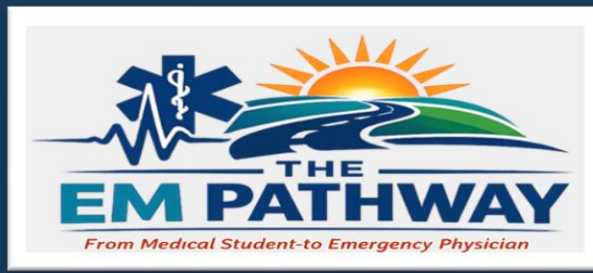
Professionalism & conduct:

- Academic misconduct — 100% of PDs rarely/never interview these candidates (CORD survey)
- Clerkship failure — 94% of PDs rarely/never interview
- Criminal convictions (must disclose; own them in the application)

Application strategy red flags:

- Unexplained gaps in CV or medical education timeline
- Overly inflated activity descriptions — interviewers will probe
- Submitting application late — 85% of PDs will not seriously consider late apps





Interview Season

Standing Out During Interviews — EMRA Chapter 10

Interview Season Logistics

Format (2025–2026 cycle):

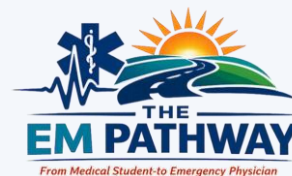
- EM strongly supports VIRTUAL interviews for equity of access
- Some programs may elect in-person or hybrid — check each program individually
- Rolling invites: October through January; check your email daily during this period

Preparing for interviews:

- Research each program thoroughly before the day — know their mission, location, faculty
- Prepare to discuss everything in your application: experiences, hobbies, gaps, red flags
- Prepare a 3–5 minute answer to ‘Tell me about yourself’

Second look / open houses:

- Programs may offer optional in-person second look visits after initial virtual interview
- Attendance is optional and CANNOT be used to rank applicants (CORD policy)
- Use second looks to evaluate programs, not to demonstrate interest for rank list purposes



Making the Most of Interview Day

First impressions matter — interpersonal skills are the top ranking factor:

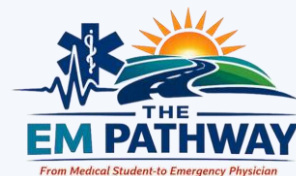
- Be warm, genuine, and enthusiastic — EM values team players
- Ask thoughtful questions that show you've done your homework

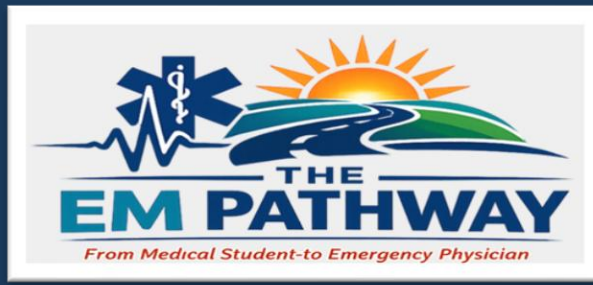
Common interview topics in EM:

- Why EM? What drew you to this specialty (have a specific, genuine story)
- Describe a challenging clinical situation and how you handled it
- Where do you see yourself in 10 years? (Career goals, fellowship interests)
- What are you looking for in a residency program?
- Red flag questions: address directly, own the issue, explain what changed

What not to do:

- Don't be asked where else you've signaled or interviewed — CORD says programs should not ask
- Don't ask about vacation or moonlighting in early interview
- Don't misrepresent yourself — consistency with your application is everything





The Rank List & Match Day

EMRA Chapter 11 — Submitting Your Rank Order List

Building Your Rank List — The Golden Rule

Core principle (NRMP rule):

- Rank programs in the order you would actually WANT to train there — nothing else
- The NRMP algorithm works in YOUR favor when you rank honestly
- Never rank a program you would not be happy to attend

How to evaluate programs after interviews:

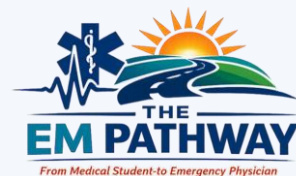
- Take notes after each interview: culture, resident morale, patient volume, support
- Visit during second look to evaluate living environment and resident experience
- Consult your EM advisor to discuss your finalized list

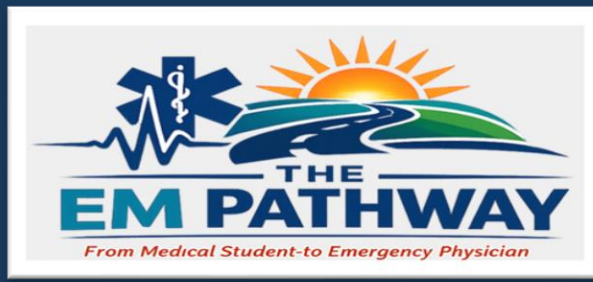
How many programs to rank:

- You must rank more programs than you have interview invitations
- Every additional program ranked increases your match probability
- Rank ALL programs that you would be happy to attend — even if unlikely

Couples match:

- Work with your partner's program director early; disclosure has more benefits than risks in EM





Special Populations

DO Students • IMGs • At-Risk Applicants • Reapplicants

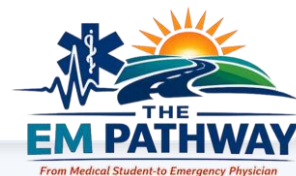
Special Applicant Populations — Key Advice

DO / Osteopathic Students

- 81% of ACGME programs will interview DO students (NRMP 2021)
- Take USMLE Step 2 CK in addition to COMLEX Level 2
- Use EMRA Match to find COMLEX-friendly programs
- 2 eSLOEs still recommended; focus on osteopathic-friendly states
- ACOEP-RSO and EMRA both offer DO-specific advising resources

International Medical Graduates (IMGs)

- >70% of programs report using an IMG filter — target historically IMG-friendly programs via EMRA Match
- Only 23% of clerkship programs accept international students (EMRA Clerkship Match)
- Aim for Step 2 CK >240 to be competitive
- Use ECFMG resources for ResidencyCAS access and document submission
- Research is given relatively less weight for IMGs than previously thought



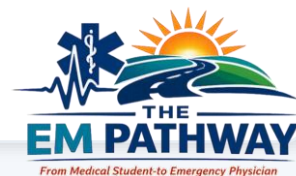
At-Risk Applicants & Reapplicants

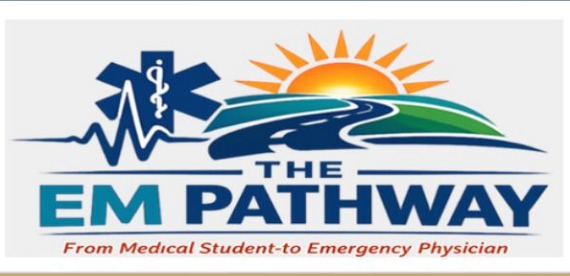
At-Risk Applicants

- Address red flags directly in personal statement or reflective statement
- Take ownership — no excuses, only growth and learning
- A Step 1 failure alone doesn't disqualify — strong Step 2 CK can help
- Ask for a 'supportive' eSLOE directly, not just a generic letter
- Consider a parallel plan if multiple red flags are present

Reapplicants to EM

- Include a supportive letter from your current program director
- Reflect meaningfully on what changed since your last application
- Demonstrate additional clinical experience and EM rotations since the previous cycle
- Be ready to address 'why didn't you match last year?' honestly and with growth mindset
- Work with an EM advisor to refine strategy — don't repeat the same application





Know Your EM Organizations

Resources That Will Guide Your Journey

The 5 Key Organizations for EM-Bound Students

1

EMRA

Emergency Medicine Residents' Association — free student membership, mentorship, advising guide, EMRA Match database, student council

2

CORD

Council of Residency Directors — sets application policies, eSLOE format, ResidencyCAS transition, ASC-EM student planner

3

CDEM / SAEM

Clerkship Directors in EM (Academy of SAEM) — national M3/M4 curriculum, EM clerkship primer, SAEMTests, EM Stud podcast

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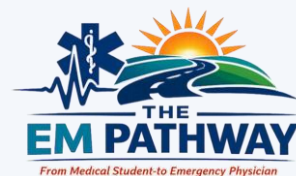
ACEP

American College of Emergency Physicians — largest EM professional society; student leadership, policy and advocacy opportunities

5

AAEM / RSA

American Academy of EM / Resident Student Association — medical student ambassador program, JEDI scholarship, scientific assembly mentorship



Essential Resources — Bookmark These Now

Applications & Advising:

- EMRA/CORD Student Advising Guide: emra.org/books/msadvisingguide-2023 (free, online)
- EMRA Match: emra.org/emresident/emra-match (searchable program database)
- CORD ResidencyCAS updates: cordem.org/resources
- Distance advising (no home program): distanceadvising@cordjobboard.com

Clinical Education:

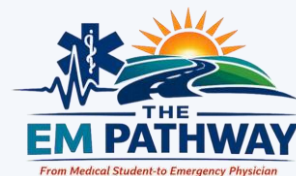
- CDEM M3/M4 Curriculum: cdemcurriculum.com (chief complaint-based core content)
- EM Clerkship Primer: saem.org/students (CDEM-published free guide)
- SAEMTests: practice exams for M3 and M4 EM content

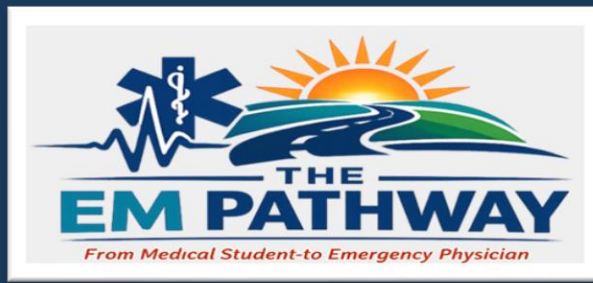
eSLOE:

- CORD eSLOE portal: esloe.cordem.org

NRMP Match:

- NRMP registration: nrmp.org (separate from ResidencyCAS — do both!)





The Bottom Line

Apply Smart, Be Authentic, Stay Resilient

Your EM Residency Application Checklist

1

Build your foundation

EMIG leadership, advisor, solid clerkship grades, Step 2 CK by September

2

Do 1–2 EM rotations

Home + 1 away; secure 2 academic eSLOEs; don't over-rotate

3

Know your competitiveness

Consult EM advisor, use EMRA Match to target programs honestly

4

Submit on time

ResidencyCAS by late September; submit first, add documents as they come

5

Use signals wisely

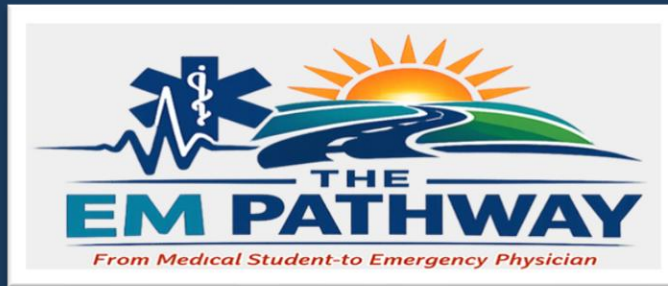
5 signals for programs you genuinely want; skip home/away institutions

6

Rank honestly

Rank every program you'd be happy to attend — the algorithm favors you





EM is a specialty that rewards genuine curiosity, teamwork, and resilience.

Don't try to build the 'perfect' application. Build an authentic one.

Show programs who you really are — what you care about, where you've struggled, and how you've grown.

Get an advisor. Know your competitiveness. Apply smart. Rank honestly.

"Apply smarter, not harder." — EMRA/CORD Student Advising Guide