



## RESIDENT PRESIDENT'S MESSAGE Stepping Up, Moving Forward, Filling Bigger Shoes

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It's easy in medical training to get caught up in the minute. As medical students, there are books to study, tests to pass, and rotations to ace. As residents, we work often. We attend lecture. We participate in research. We present in conference and talk at journal club. At home, we read texts, juggle email, and meticulously log patient follow-ups and procedures. Some days, there are very few hours left for more than eating and sleeping. On a busy day, we all may forget what it is we really signed up for.

Zoom out. This winter, seasons change again. A fresh group of fourth year medical students is on the interview trail to become the next class of emergency medicine (EM) interns. Senior residents across the country are completing applications for fellowships and "real" jobs. In the big picture, medical students will become physicians, and residents will become attendings.

Is it really that time again?! Have you made your days in past years count? Are you ready for the next step?

Perspective is key. This is what keeps us going when a test grade disappoints, a patient outcome is unfortunate, or a free day is lost to fatigue. By keeping the goal in mind, you will take the right steps towards the endpoint, learn from mistakes, build skills, and emulate mentors. Let's look at what's moving along this season.

For all their hard work in medical school, this year's EM applicants find themselves among over 1,500 students applying for intern positions. It is not enough for them to say they are motivated and learn quickly. They need to show it. Suddenly, all those late library nights and extracurricular hours are worth it. In 2007, the average Step 1 score for EM applicants was 220. Beyond that, interviewees are asked regularly to recount personal anecdotes of their club leadership, community volunteerism and departmental research.

More importantly, while representing themselves on the interview trail, students must continue to learn in their final clinical rotations, remembering that next year, they are the doctors. This is their chance to step up, because next year, what they do really matters. This time next year, they will decide whether to anticoagulate the chest pain patient with the minimally elevated troponin – is he having a non-ST elevation myocardial infarction (NSTEMI) or not? Nurses will follow their orders. Patients will fill their prescriptions. The big picture is independence and responsibility. The right lessons from today will matter. For junior medical students, don't let your early years slip by without envisioning value in opportunities and getting involved.

On the part of senior residents, they are stepping out to join a work force of board certified EM physicians over 30,000 strong. Department chairs ask about their strengths and weaknesses and their extracurricular activities. Prospective employers call references and request a two-minute recap of the resident's years of hard work. The days of residency really add up now and matter.

Stepping aside, there is plenty to learn from the job interview process. While tedious at times, the process exposes seniors to the key concepts of practice management and contract negotiation: how groups hire, how they pay, how they support you, and how they might let you down. Seniors can attend seminars, query faculty, and run question lists on interviews. Those who seek advice from multiple sources – colleagues, potential employers and national organizations – feel rewarded and informed in their final employment decisions. It matters, because your practice environment will support you for years to come. Your practice environment will be a part of your new big picture.

Clinically, seniors must continue to prepare for next year, too. Next year, they will make the decision to prepare involuntarily admission for a vaguely psychotic suicidal patient – do you really believe them and is it worth the hassle? Next year, it's not enough to know that patients in third degree heart block might need pacemaker pads and atropine. Next year, you'll need to decide if you want the pads on the patient or simply "taped to the bedside" – a difference of hundreds of dollars to the patient. Did we ever really learn this in residency? This is the real big picture, the medicine and business combined.

So this season, as the days get shorter and the weather gets colder, lift your vision from the day-to-day and look towards the next step. What are you doing today that will matter tomorrow? Envision that you are already there. Students, start collecting your favorite clinical references – antibiotic guides, algorithm calculators and ACLS flowsheets. Junior residents, anticipate the leadership roles you will soon have and the complex cases that you may need to handle. Absorb relevant information from off-service rotations. Seniors, observe mentors who emulate clinical leadership that you admire. Push yourself to ask and see what you don't know while you have the chance. Next year, everyone is filling bigger shoes. Today is just one step of the way.

*For questions or further resources, remember that RSA is with you all the way. Visit [www.aaemrsa.org](http://www.aaemrsa.org) for more information.*

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