



STUDENT PRESIDENT'S MESSAGE

Finding Your Niche

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Medical school is wrought with questions: best questions, pimp questions, what specialty to go into. Over the last few months, I have found that as you enter interview season you are inundated with questions that are much more difficult to answer and are some of the most important of your medical career. These are the things that you need to start answering about yourself; why do I want to go into emergency medicine, what are my weaknesses and strengths, and the most important, where do I want to train? As the date to submit our rank list begins to loom in the horizon, I have found many of my colleagues and I are trying to create lists or ways to separate each program on paper to help us give order in the process.

One of the selection criteria that many medical students use to try to weed out sites is, which of the three "types of program" does an institution fall into: county, academic or community. The disclaimer - there is rarely a black and white county or academic program, and the following descriptions are overgeneralizations to introduce you to some of the differences in residency training. Each "category" of residency has amazing perks, and if you keep an open mind, some things might surprise you!

What are the positives of each?

County: when you consider a county program, you should think of things like autonomy and high patient volume. Many county programs are resident-run which means less oversight by attendings and more independence in decision-making. Often, county programs are described as a zoo-like environment where there are frequent traumas and an endless number of patients in the waiting room. These programs are also usually at a county facility and have a higher propensity for an indigent patient population that can provide a wider range of pathology.

Academic: an academic setting is usually associated with a large university, and they have a stronger emphasis on research. These programs are frequently well-funded which allows residents access to newer technology. Many of these institutions may provide a lower volume of patients, which can allow increased teaching opportunities in the hospital setting. These are often four year programs, which can smooth the transition into an academic job as an attending.

Community: these are harder to distinguish and are a blend of county and academic programs. You are often given clinical responsibility with attending oversight, and some say these programs are closer to the private sector experience. Community sites sometimes have an unopposed program or fewer residencies on site allowing residents a broader experience in the hospital setting. These facilities can give you a taste of all the different aspects of emergency medicine training.

If you are beginning to set up your fourth year rotations or about to hit the submit button on your rank list, consider what program will fit

best for the person that you are. Do you love the idea of conducting clinical trials and seeing your name in the *Journal of Emergency Medicine (JEM)*? Do you want to juggle a whole pod of patients on your own? Or do you want a slower pace where you get to spend a little more time with each individual? These are questions I implore you to consider. The dynamics of a program and the interplay of the people around you will decide your happiness for the next three to four years; so in the end, do not forget to trust your gut.

A huge thank you goes out to Georgetown University for hosting the Mid-Atlantic Medical Student Symposium and Loyola University Stritch School of Medicine for hosting the Midwest Medical Student Symposium in October. I want to acknowledge all of the speakers, volunteers and attendees who made both events a huge success! We hope to see you in San Diego on February 7th for the Student Track at the 18th Annual AAEM Scientific Assembly!

Finally, I would like to invite everyone to get involved with AAEM/RSA by running for a position on the medical student council. We hope to continue the excellent tradition set forth by our predecessors by electing a strong council of individuals dedicated to emergency medicine; someone like you!

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