The ABC's of Residency Applicant Selection: Assessment of Aptitude, Basis and Career Direction

The following is a proposed method for evaluating residency applicants, the framework of which was derived from the field of Emergency Medicine itself; specifically, the ABC's of resuscitation: Airway, Breathing, and Circulation - the three requisite steps in the initial management of a critically ill patient. The ABC's give the resuscitation team an organized, systematic approach to dealing with a problem. In a similar vein, I propose the ABC's of evaluating residency applicants: Aptitude, Basis and Career direction. I will use myself as an example to illustrate these points.

APTITUDE

Of the three parameters to be assessed, aptitude is by far the broadest, and the only one which encompasses objective information such as clerkship grades and National Board scores.

However, not all the information covered under the heading "Aptitude" is included on the transcript. Aptitude also embodies the experiences of the applicant. The question that needs to be answered when assessing aptitude is: Do the experiences and past performance of this applicant indicate he/she will make a good resident?

Emergency Medicine is a field both on the front lines of medicine, and the front lines of health care policy. A thorough knowledge of the politics of medicine is essential for the Emergency Physician. My experience as the Delegate to the AMA from my medical school was invaluable in learning how the decisions which effect the entire practice of medicine are made. Through my interactions with other delegates and my participation in three National meetings, I have begun to understand the extreme complexity of organized medicine, and can appreciate all aspects of a particular problem, looking beyond its immediate impact.

Leadership is a quality desirable in all physicians, but particularly in an Emergency Physician who deals with life and death situations every day. I was one of the co-founders of the ICARE (Illinois cooperative AIDS-related education) program - a cohort of medical students who visited junior and senior high schools, giving presentations on AIDS. In addition to other roles, I served as chairman of the training committee, and co-authored the project's training manual. This program was a separate entity from the Campus AIDS Project of which I was also an active participant. Serving as the only medical student on both the research and community outreach subcommittees, it was my role to keep other medical students abreast of the project's events, and also help organize and carry out these endeavors.

My fourth year curriculum is remarkable in that instead of pursuing a light course load as many had done, and many more had suggested, I opted to prepare myself as best I could for my chosen field of study. In addition to a one month trauma rotation at Cook County Hospital, home of the Nation's first Level I Trauma Unit, I also spent four weeks in the SICU at County. These two months, combined with my month of Emergency Medicine, proved to be nearly as educational as my entire third year. I was given tremendous responsibilities, and allowed to do many procedures traditionally reserved for first or second year residents. In addition, I did an intensive month of critical care research in the area of shock, as I feel that a good, basic knowledge of the scientific method is essential in the training of any physician.

BASIS

Evaluation of applicant's personality and motives for entering a given specialty is probably the most important step in residency applicant selection, as the evaluator will be working very closely for several years with the people they enroll into their program. Basically, the Basis parameter needs to look at two general areas: (1) What type of person is the applicant, and (2) Why have they chosen this particular specialty?

At a time when all the general fields of medicine are being sliced into a myriad of sub-specialties, Emergency Medicine offers a new and exciting approach; cutting across all fields of primary care medicine, but stopping after the acute stages of illness. This does not mean that an Emergency Physician's knowledge of disease stops after its presenting symptomatology; on the contrary, a tremendous fund of knowledge covering the entire spectrum of disease processes is needed in order to deliver optimal patient care.

My enjoyment came from being on call, working up new admissions, reading about the various pathology, and putting that knowledge to work the next time a patient presented with similar complaints. Although many of the problems seen in the Emergency Department have their basis in ongoing disease, their presentations are generally acute, and can be managed by the Emergency Physician alone about 80% of the time. Therein lies my attraction to Emergency Medicine: Acuity, diversity and excitement, requiring the continuous acquisition of new knowledge.

CAREER

After assessing an applicant's ability and rationale for entering a particular specialty, it is desirable to inquire about his/her career aspirations.

The three hallmarks of any academic medical program are: Research, Education and Patient Care. The order of priority depends on the structure of a particular institution. All three are important, and the order upon which the residency program is finding an appropriate balance between the three. The task, therefore, is to "match up" applicants and programs with similar philosophies. These three branches are carried by the physician out of the residency program and into the community, giving the physician a good degree of "flexibility", allowing him/her to pursue any or all of these three branches. I feel it is quite possible to participate in all three, without compromise in any one. I am, however, first a clinician. In teaching, it is essential to be able to pass on information that is difficult or impossible to obtain elsewhere, or so complex that the learner is unable to understand it in its raw form. Hence, the need for a commitment to seeking this information through research so that it may be communicated to others, making the physician an effective teacher. Armed with these skills, which can only be obtained through hard work and the nurturing of a residency program dedicated to these ends, I will be able to enjoy a dynamic and productive career as an Emergency Physician.

CONCLUSION

Emergency Medicine is a relatively new field undergoing rapid refinement and expansion. It is estimated that there exists an almost two-fold deficit in the number of Emergency Physicians needed when compared to the number available. This puts great responsibility on the residency programs to "churn out" these physicians. A unique economic situation exists: While the demand for Emergency Physicians greatly outweighs the supply, there is a huge bottleneck at the distribution centers (the residency programs) owing to the large number of applicants for a relatively small number of positions. I have proposed a system for evaluating applicants and making the selection process more systematic. Using my own credentials I have shown how the process of evaluating Aptitude, Basis and Career can be used as a means to achieve this end.
"Cross out all the 'I's," said my advisor, explaining how to revise a personal statement. "Don't repeat what is already on your resume," warned my Dean. "Try not to sound too corny," said my classmate. With these suggestions in mind, dear reader, I submit to you a personal statement with minimal use of the first person, little overlap with my resume, and no romantic ideals about saving the world. The following obituary illustrates how I imagine my life unfolding as an emergency room physician.

"Retired Physician Dies in His Home," Bedford Times, June 9, 2047

Dr. James H. Moak, M.D. of Bedford Falls died in his sleep last night at the age of 83. He is survived by his wife, two children, and five grandchildren. Moak, who served our state as an emergency room physician for over thirty years, was a member of the Rotary Club, an elder at his church, and a founding member of Support Our Schools (SOS), an organization dedicated to improving local public schools.

Moak, a native of Oxford, Mississippi, was the only high school graduate from Mississippi to enroll at Yale University in the fall of 1985. After completing his undergraduate studies in history and foreign languages, Moak spent a year in France as an au pair and a cook at a fast-food restaurant, and two years in Mainland China as an English instructor. Shortly after his return to the U.S., he began taking premedical courses, and at the age of 28 started medical school at the University of Mississippi Medical Center.

After completing his residency in Emergency Medicine around the turn of the millennium, Moak spent several years in the state capitol as a physician at Metropolis General Hospital's Level I Trauma Center. In 2011, he and his family moved to Guatemala, where Dr. Moak helped establish the country's first Emergency Medicine residency program. Moak also directed foreign medical relief efforts after the earthquake of 2013, the worst natural disaster in Guatemalan history.

After returning to the U.S. in 2014, Dr. Moak completed a fellowship at the Metropolis Burn Center, and became a professor of Emergency Medicine at the State University Medical Center (SUMC). In 2026 he and his wife moved back to Mrs. Moak's childhood home, Bedford Falls. For the remainder of his career, Dr. Moak served in the emergency department at Bedford General Hospital. He has been instrumental in establishing a summer emergency department externship for high school students, and an exchange program for senior medical students from SUMC and the Universidad de San Carlos de Guatemala.

In a May 29, 2037 interview at the time of his retirement, the Bedford Times asked Dr. Moak about his decision to enter Emergency Medicine. Some of his comments are reprinted below: "As a medical student I loved the action and variety of the emergency room, and found it exciting to be the first one to evaluate the patient. I wanted to be a physician who could handle every patient who walked, stumbled, crawled, or rolled through the door. I wanted to work up chest pain, treat snake bites, stabilize fractures, evaluate psychosis, put in a chest tube, and rule out ectopic pregnancy all in the same day. Emergency Medicine offered the perfect blend of Internal Medicine, Pediatrics, Surgery, OBGYN, Orthopedics, Psychiatry, and Neurology, yet required expertise at handling the emergent problems of each of these fields. Finally, I knew that a career in Emergency Medicine would allow me to spend quality time with my family and pursue my interests outside of medicine."

In addition to his civic activities, Dr. Moak published several short stories, researched his family history, and at the age of sixty began taking piano lessons. After retirement he and his wife traveled extensively, and spent two years as Peace Corps volunteers in Mozambique. Services will be held at the First Church of Bedford Falls at 1:00 p.m. Saturday. The family requests that memorials may be made to the Bedford Falls Public Library.

Two years of premedical course work, and nearly four years of medical school have come and gone since I decided to pursue a career in medicine. I am eager to begin the next step in my training——residency in Emergency Medicine. The rest is history.
EDUCATION

August 1987 - Present
University of Illinois College of Medicine, Chicago, Illinois
Doctor of Medicine, expected June, 1991
Clinical Highlights
Surgical Intensive Care, Cook County Hospital, Chicago, IL
Emergency Medicine, Mercy Hospital and Medical Center, Chicago, IL
Trauma, Cook County Hospital, Chicago, IL

August 1982 - December 1986
University of Iowa, Iowa City
Bachelor of Science in Psychology
Minor in Spanish Language
Course Highlights
Experimental Psychology I and II
Spanish For Health Professionals
Honors Seminar in Psychology

ACTIVITIES/DISTINCTIONS
University of Illinois College of Medicine
ICARE (Illinois Cooperative AIDS - Related Education), 1987 - 1989
Program to educate junior and senior high school students about AIDS. Co-founder of program and chairman of Training Subcommittee. Coordinated the instruction of new members in the presentation of ICARE educational material.
Co-authored training manual.
Delegate to the AMA, 1987 - 1989
Represented U of I at State and National Meetings. Helped establish and lobby for State of Illinois resolutions. Acted as liaison to AMA for entire student body.
Campus AIDS Project, 1987 - 1988
Served as medical student representative on Research and Community Outreach Subcommittees.
Youth Health Outreach Program (YHOP)

University of Iowa
Psychology Honors Society
Liberal Arts Honors Society
Illinois State Scholarship Commission
Monetary Award
Dean's List

RESEARCH
Loyola University Stritch School of Medicine, 1990
Heart failure as a consequence of shock in the septic dog.
Advisor: Dr. Richard Raymond, Departments of Surgery and Physiology

University of Iowa, 1986
Infant pattern recognition as measured by gaze time.
Advisor: Dr. Paul Quinn, Department of Experimental Psychology

PROFESSIONAL MEMBERSHIPS
American Medical Association
Illinois State Medical Society
American Medical Student Association
Physicians for Social Responsibility

LANGUAGES
Fluent in written and spoken Spanish

REFERENCES
Furnished upon request