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Medical Student Forum

IS EMERGENCY MEDICINE THE RIGHT CHOICE FOR ME?

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Abstract—One of the hardest decisions a medical student has to make is the choice of specialty. Many studies have explored what influences the choice of emergency medicine (EM) as a specialty. In this article, we elaborate on the most important incentives, including the diversity in patients’ presentations, having a defined and flexible schedule, the plasticity in choosing and changing a practice location, and the acuity of care and trauma experience. Additionally, we tackle some of the challenges that emergency physicians face. For instance, having to follow a different thought process than most other physicians, as well as the patients’ quality and expectations. We also address some of the concerns regarding the specialty, specifically burnout, stress, and the fear associated with maintaining a career in EM. Finally,

we provide students interested in EM with some resources that can provide them with further guidance to decide whether EM is the right choice for them. © 2018 The Authors. Published by Elsevier Inc. This is an open access article under the CC BY-NC-ND license (<http://creativecommons.org/licenses/by-nc-nd/4.0/>).

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INTRODUCTION

The choice of medical specialty can be one of the hardest decisions a medical student has to make. This choice is usually based on finding the right balance between the future career and lifestyle the person desires (1). The reasons for selecting a certain specialty are rarely the same for different people, as they are based as much on emotions as rational thought. Such a choice is easier for some, particularly those who go into medical school with an intended career path, usually influenced by prior events and encounters. Alternatively, the academic exposure to different specialties and the variety of clinical clerkships during medical school causes students to change their preference with continual exposure to new

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clerkships. For many, specialty choice is influenced by a role model, whether medical or personal (2).

DISCUSSION

Why should a student choose emergency medicine (EM)? Many studies have examined what incentivizes a medical student to choose EM as a specialty. One aspect of EM that attracts someone to the specialty might discourage another, due to the differences in the students' interests (2).

The diversity in patients' presentations—surgical, psychiatric, medical, social, or other—and “not knowing what is coming through the doors next” were identified as important reasons supporting the choice of EM as a specialty (2–4). This gives the emergency physician (EP) the chance to be exposed to a range of complaints, some of which are non-acute, while others are emergencies, all within one shift. What is even more exciting and challenging is the fact that you are the front-line physician who has to attend to the patients' possibly life- or limb-threatening complaints in the most expedient and safest manner possible, occasionally without a complete patient history (2,3). This can be challenging, especially when managing multiple severe cases simultaneously.

Another attractive factor for many students is the defined and flexible work schedule of EPs that gives them control over their personal and professional lives (3,5). Emergency physicians have preset shifts with fixed working hours. Typically, the shifts can range from 8 to 12 h with some shifts lasting 24 h or longer in rural areas or low-volume emergency departments (EDs) (2). As for residents, the required number of working hours varies largely (anywhere between 120 and 300 h) from one program to another, but typically they require 204 h of preset shifts per month (6). Yet, half of EM residents end up taking additional moonlighting shifts in addition to their required shifts (6). Accordingly, EPs get the benefit of “leaving their work at work” once the shift comes to an end (2).

A possible downside to the scheduling system in the ED setting is working “less desirable” shifts (holidays, weekends, and nights). Nonetheless, what sounds like a disadvantage for some is an advantage for others. For example, weekend shifts and night shifts might be favored by young EPs as it suits their family life. Additionally, although additional compensation is often given to EPs who take such shifts, it is not always the case, and some EPs might be expected to take those shifts, namely young EPs without seniority (2).

The flexibility and plasticity in choosing and changing a practice location appeal to many (3). This is the case mostly because of the deficiency in physicians trained in EM and the fact that EPs do not build a referral practice and hence do not fear losing it when

relocating, as in other specialties (2,7,8). This flexibility gives EPs the opportunity to practice in more than one ED as well (2). Research identified the location of residency training as the most important determinant of the EP's choice of practice location (9). Other reported considerations were the coworkers' personalities and credentials (9).

Another reported reason for choosing EM is acuity of care and trauma experience (3). According to a paper published by Kazzi et al., acute care was considered the second most important driving force for choosing EM (3). One study comparing the risk-taking behaviors of EM residents to family medicine residents revealed that people seeking a career in EM have a higher tendency to adapt to risky situations (10). Yet, approximately one-third of ED visits could be classified as nonurgent (11). This number varies with practice environments (2,12). Nonetheless, EM continues to offer an abundance of emergent cases that satiate the “adrenaline junkies” seeking a career in EM (2).

Although the aforementioned factors seem to increase EM's popularity among applicants, EPs face multiple challenges. When compared to physicians from other specialties, EPs have to follow a different thought process. Before figuring out what is the most probable explanation of a patient's symptoms, an EP has to rule out life-threatening conditions that could present similarly (2).

The quality of certain patients seen in the ED can also pose a challenge to EPs. This includes patients utilizing the ED for nonurgent visits; patients with poor health or those sicker than they perceive they are; patients who lack health insurance; and patients with complex social issues, including intravenous drug users, homeless patients, and those with mental illness (11–16).

Patient expectations pose another challenge for EPs. This is getting more challenging with influential television medical dramas, such as *ER*, *Grey's Anatomy*, *Code Black*, and *House M.D.*, raising the expectations of real patients (17–20). Students selecting EM as a specialty will need excellent communication skills to manage patient expectations in the ED (2).

Although EPs report high rates of career and life satisfaction, they are faced with two long-standing problems: burnout and stress (21–23). In a longitudinal study carried out by the American Board of Emergency Medicine, burnout and stress were considered to be significant issues by approximately one-third of respondents (21). According to Lloyd et al., burnout is almost twice as common among EPs compared to physicians in general practice (23). Regardless, most EPs report that they would choose EM as a specialty again (21). Studies identified excessive clinical workload, unhealthy lifestyle, lengthy shifts, night shifts, and others as factors associated with burnout and stress (24,25). This raises the issue of whether longevity is possible in EM. In fact, EM's

clinical practice annual attrition rate was found to be approximately 1.7%, with rates highest in the first 5 years post graduation and at 40 years post graduation (26). Nonetheless, in addition to clinical practice, growing a professional interest (e.g., research or medical administration) was shown to be associated with better longevity and satisfaction with EM (27).

The fear associated with maintaining a career in EM remains a big concern (28). However, the emergency care system has reached sufficient maturity and expansion, such that it now includes diverse subspecialty fellowships that an EP can use to increase their marketability and expertise (29). These include, but are not limited to, academic emergency medicine, critical care, administration, geriatrics, medical informatics, palliative care, research, ultrasound, international EM, emergency medical services (EMS), disaster medicine, pediatric emergency medicine, toxicology, and tactical EMS (2,29,30). Most successful EPs find a niche during their residency and use that to become more attractive in the job market (2).

There are a variety of group models in EM, including independent contractors, hospital employees, democratic groups, and private contract groups. While democratic groups are the most desirable for many EPs, opportunities to join one may not always be available, given other constraints such as location. In addition, hospitals often hold contracts with a group, rather than individuals. Nonrenewal of the group's contract may put the EP's employment in jeopardy. Hierarchical group practices may not always foster fairness and equality.

Financial compensation is of increasing importance due to the increasing costs associated with medical education. With health care reform being debated constantly, it is hard to know what the total economic compensation will be for EPs in the future. The current political climate suggests that all physicians will be asked to do more for less financial reward. Nevertheless, the overhead costs for EPs will remain low, and the annual compensation of EPs is typically more than for primary care physicians, but less than many surgical subspecialists.

International opportunity and the worldwide spread of EM as a specialty over the last 35 years is providing exceptional variety and opportunity for EPs. EPs can relocate to nearly every corner of the world where universities and hospitals seek their training and expertise to train their providers, administer their EDs, establish residency programs, or simply care for their patients.

How Do You Know if EM Is the Right Choice for You?

The most important way to find out if you are interested in a career in EM is to pursue an elective rotation in EM. An elective rotation in an academic ED will expose you to the

various aspects of EM that have been discussed, as well as provide access to EM residents and attending physicians. These people are invaluable resources who offer a unique perspective regarding the career of an EP. Most students will not have the opportunity to do an EM rotation prior to their senior year of medical school, but will often find themselves in the ED on other rotations to admit patients or as a "mini-rotation" for a week on a clerkship, such as pediatrics or psychiatry. These experiences also provide an opportunity to investigate the specialty. If there is an EM residency at your medical school, attending your residency's weekly conference days, grand rounds, and educational sessions offers a great opportunity to learn and gain additional insight into EM.

Students should avoid making a decision that will affect the next 20 or 30 years of their lives based solely on one clinical rotation at one clinical site. Realize that the field of EM and the clinical sites available to students are varied and no one location or rotation should weigh too strongly on your choice of specialty. It is important in EM to enjoy both the people you work with and the practice environment. A second and even third rotation is highly encouraged to assess both. The reality is that it is virtually impossible for a student to be exposed to all of the parameters of any medical specialty in a short period of time. The practice will vary widely with geography, academics versus private practice, age, personal physical needs, and life experiences.

There are many excellent references available that address the issue of specialty choice and can provide a student with concrete information regarding EM and other specialties. The American Academy of Emergency Medicine Resident and Student Association (AAEM/RSA) maintains a website for medical students interested in EM with various resources (www.aemrsa.org). The Emergency Medicine Residency Association (EMRA) also has a wealth of information available on the medical student portion of their website (www.emra.org). The Society for Academic Emergency Medicine (SAEM) also has a useful medical student page on their website (www.saem.org), including a catalog of all EM rotations available to medical students, a directory of all residency programs, and a virtual mentor program. In addition to this book, Anita D. Taylor's *How to Choose a Medical Specialty* and *Getting Into a Residency* by Kenneth V. Iserson, MD, are two books that can serve as invaluable guides to the selection of a medical specialty and are readily available in most medical libraries. These two books offer objective tests or inventories you can complete to assess your compatibility with various medical specialties. The Association of American Medical Colleges Careers in Medicine website also can help find the right specialty for you with a personality inventory.

Joining an EM specialty society or organization, such as the RSA, AAEM, SAEM, EMRA, American College of Emergency Physicians (ACEP), and American College of Osteopathic Emergency Physicians (ACOEP), can expose you to current problems faced by EPs and often will get you a subscription to an EM journal and exposure to the field's literature.

In addition, a personal advisor selected at some time during medical school can often serve as an excellent resource while trying to decide on a medical specialty.

CONCLUSIONS

Students considering a career in EM should be willing to take care of a diverse group of patients with an array of presentations and medical conditions. Shift work including evenings, holidays, and weekends and the sometimes fast pace of an ED should be viewed as positives rather than negatives. Students interested in part-time work, time off without patient care responsibilities, varied clinical sites, or ease of geographic relocation may find EM particularly appealing. EM is a young, vibrant, and important part of the medical delivery system. It provides great satisfaction due to its diagnostic and therapeutic challenges. The ED is often the only place to which a patient or family can turn, and the EP's actions can have a major impact on patients and families. A career in EM can fulfill the ideals that drew many of us into medicine.

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