

MCEP Residency Spotlight: Lakeland Health Emergency Medicine Residency

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What is your programs philosophy?

Quick Facts

Location St. Joseph, MI

Length/Type 4 vear dual

Training Site Community

ED Volume 80,000

Shift Length 10 hours

Shifts Per Month 16-18

Elective Weeks 8

Critical Care 20

Ask the Program Director: Dr. Michelino Mancini We want to inspire and be inspired by our residents, because we want to create leaders in EM and in

medicine. We want physicians who want to be leaders, and to create an EM physician that is confident and competent in any hospital setting. We do not create one type of resident, as we have exposure to urban, rural, and suburban populations. This exposes residents to diverse population types so they can thrive from academic centers to small rural communities.

What sets your program apart from others?

First, we have a family and noncompetitive atmosphere. From day one, we want a supportive atmosphere for everyone to learn in. Second, our faculty is very ingrained with residents from entrance through graduation. We have a mentorship program so that if anything occurs our residents have someone they can go to and feel comfortable with.

Where are your graduates?

We only graduated two classes so far. Generally residents have stayed in Midwest or southwest area. We have a mixture of graduates in both academic and community.

What type of population does your base hospital serve?

Southwest Michigan is interesting because we see city, suburban, rural, and even migrant and international population. We are hub of whirlpool corporate which has a lot of international workers with interesting pathology. Andrew University has a significant amount of missionaries and students that also provide unique disease states. For example, it's not unusual for us to see malaria in the ED.

Does your program provide research? Is research required?

Research is a requirement for residents because we provide a didactic curriculum centered on evidence based medicine. In their 1st year, residents come up with project, and by the time they graduate need to submit research for application. It doesn't need to be published necessarily, but needs to be publishable. We have participated in presentations with 65% of our research, so it shows we are doing something well. We stress system-based research, and research that provides the ER with evidence based standards.

What is your advice for students considering EM?

Students need to realize they are entering a very competitive field, and a field that requires students to have a strong work ethic. There is nowhere to hide in the ER, if you don't have a great work ethic it will be exposed early. And if you don't know how competitive it is, it will be difficult as an applicant. Basically we need a dedicated, hard working student who is willing to go the extra mile. The environment in the ER changes all the time. We do more internal medicine than before, the pace is faster, and the acuity is higher than ever.

What part of a student's application is most important?

We had over 1000 applicants this year, and the most important thing is SLOEs, especially from academic programs. We prefer group SLOEs, as they give a good idea of where students would compare amongst other students.

What is something that sets a great applicant apart?

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What do you look for when an applicant comes to interview?

We are looking for the "sponge effect". We want an applicant who is willing to learn, willing to listen, and is teachable. Our program is structured in a way that an individual who is willing to accept feedback and do something with it will develop into a great resident and great physician. This goes back to our strong faculty who are able to provide great feedback for residents to grow with.

Ask the Residents: Dr. Kevin Dougherty and Dr. Jane Shmelkove

What made you choose Emergency Medicine?

J-I was ER tech in undergrad, so I fell in love with the ER and working in that environment. Going through medical school, I didn't feel like I fit as well with other rotations, while I felt home in EM

K - I am an ex paramedic, so EM was next step in my education. I like having the skills to work inside and outside the hospital. I also like the flexible schedule and having occasional days off.

What is your 'typical' day like as a resident?

K – We have 10-hour shifts, 16-18 shifts per month, but our day-to-day life changes drastically depending on day vs night shift. We really are either working or enjoying not working

J-10 hour days allow time to spend time outside of residency, so it makes a nice balance of work and life.

What is your call/shift schedule like?

J – We take call for the ER in general and that is fluctuant, usually a week at a time, but only happens once every few months.

K - We have occasional call on off-service rotations, but not usually scheduled call. One advantage of our program is not having a lot of call, never 24 hour call, and off service are only 3-5X a month.

What type of setting do you plan on practicing in the future?

K - I hope to be in large community teaching hospital, I enjoy teaching med students and want to teach residents too some day.

J – I'm thinking possibly more urban, but we will see!

Why did you choose the program that you currently attend?

K – Our program director fights for us to have a great education and many resources. Dr. Mancini and the faculty have our backs in providing opportunities to learn while also looking out for our wellness. We have a crazy diverse population, so we experience a lot. I can speak for most residents and say we are very happy with our program and feel glad we came here.

J-I rotated here as a student, and could feel the dedication to success even then, from every staff and faculty member. They ensure we have all the tools we need to succeed. The faculty members are so wonderful, and we have simulation labs that really help us prepare for any type of disaster we may see, as well as build our teamwork skills.

Do you live in the city your program is in? What do you like about it?

K – Most of us live in town. We are right on lake Michigan, and during summer most of us spend lots of time on water. There are lots of outdoor activities and beautiful beaches. Even in winter there is a lot to do. J- it's a very family friendly community, we spend lots of time outdoors and quite a few residents do outdoor sports, we have biking groups and running groups.

What is your advice for students who are considering EM?

K – Rotate at a variety of EM programs, academic, community, and trauma, to try to find a place that fits you and where you will excel. Most programs will give good training; the key is to find somewhere you will thrive at.

J – There are different systems for how the ER is run, make sure you get to work with care management under ancillary services, and see how they do fast track.

How did you decide which programs to apply to?

J –I wanted to be close to home and this was the best option for me. A lot of people choose Lakeland for the community feel here, and many are from the area, too.

K - I narrowed down by geography and applied to programs there, and wanted programs focused on leadership that were also focused on the individual applicant. We get a lot more here than just knowing how to be a good EM doctor, we learn how to be a good leader and what to do in tough situations.

What do you wish you had known when applying to residencies?

K – How important quality of life is outside the hospital, you wont necessarily be spending this "95% of time in hospital" like people claim, so its good to be in a place you enjoy, for family or activities. You need some stress relief from the intensity of residencies.

J – Also look at where residents end up working. Do they move far away vs staying near the program? Look at cost of living. Look at what ancillary services you have in the ER, such as care management or their computer programs.

For more information on Lakeland Health Emergency Medicine Residency, please go to https://www.lakelandhealth.org/gmemain/residencyprograms/emergency-medicine-residency

Program information provided via the EMRA Match tool https://webapps.acep.org/match#/

Thank you to Dr. Mancini, Dr. Dougherty, and Dr. Shmelkove for taking the time to complete our MCEP Spotlight Interview