



MCEP Residency Spotlight: Central Michigan University

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Quick Facts

Location
Saginaw, MI

Length/Type
3 year MD

Training Site
Community

ED Volume
90,000

Shift Length
9 or less

Shifts per Month
19-21

Elective Weeks
12

Critical Care
16

Ask the Program Director: Dr. Kathleen Cowling

What is your programs philosophy?

Central Michigan University Emergency Medicine Residency program is committed to producing exemplary physician leaders in the workplace and community. We hold ourselves to the highest standard, providing premier emergency medical care with a patient-centered philosophy. At the completion of residency our residents are prepared for any challenge ahead through our diverse exposure to pathology, trauma, and hands-on procedural experience. We are “Tough Enough”! *Lauren Kershner, MD, EM-2*

What sets your Emergency Medicine Residency program apart from others?

We train at three sites: Covenant HealthCare, St. Mary’s Ascension, and Hurley. This gives us the ability to see several types of EM practice. Our unopposed access to all trauma and ortho cases at Covenant permits us to have plenty of cases to manage and provide care for from start to finish. We are fortunate to have a new Simulation center, with sophisticated high fidelity equipment, in addition to two helicopter services for experience in air medicine. Our site also hosts a one year EMS Fellowship.

What type of population does your base hospital serve?

Our location in the Saginaw area gives us a community suburban base volume of 93K with 25% pediatrics in addition to the penetrating urban, and highway blunt trauma that the Level II trauma centers provide tertiary care for. So, essentially we have the perfect population to train with for a practice in emergency medicine.

Does your program provide research opportunities? Is research required?

YES- We are building our research activities and have access to resources through the College of Medicine through CMU with medical librarians, and a dedicated research committee that eagerly provides advice and helps in preparation of all IRB proposals.

Where are your graduates? Academic vs community hospitals, geographic areas?

Saginaw alumni are all over the United States, particularly North Dakota, California, Arizona, Texas and Missouri. There are also grads in Saudi Arabia, Australia, and South Africa. Our Grads can work anywhere, urban to rural and can handle anything.

What is your advice for students who are considering Emergency Medicine?

Really get in the trenches and see what it’s like. Working night shifts, weekends, holidays (while your family isn’t), and dealing with all of the emotional stress of the demands of the job, high time pressure, dealing with critically ill or injured patients and knowing that sometimes, despite doing a great job, you still lose.

What part of a medical students application do you consider most important?

The qualities that are mentioned in the comments on the SLOE’s. Are they dependable, energetic, willing to take feedback, go the extra distance? Are they a team player? Helpful and compassionate?

What is something that sets a great applicant apart?

Have they recognized what they need as a learner to maximize their education? There is a finite amount of shifts and time during training, and the largest medical knowledge base of any specialty to master, so the ability to be efficient with the learning is key.

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

Do they seem to really love EM? Would it be fun to have them working on shift together? Have they ever struggled to overcome a hurdle or challenge, since EM has plenty of them? Can they think on their feet quickly? Would I want them to take care of me or my family?

Ask the Residents: Dr. Sara Jacob

What made you choose Emergency Medicine?

There are many things that have always drawn me to this profession. In particular, I enjoy the lifestyle. Some people do not like the idea of shiftwork and, while it has its downsides, I have always found the idea appealing and particularly conducive to family life and maintaining an appropriate work-life balance. Ultimately, I chose Emergency Medicine for the type of patients we treat. Patients are at their most vulnerable in the Emergency Department. Regardless of whether or not their condition is life-threatening, to them, it is emergent. They are coming to us for assurance, answers, and guidance. I love caring for patients in this way and being the one to reassure.

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

A typical day in the Emergency Department for a resident starts out with orienting yourself. We begin seeing patients 30 minutes before our attending arrives for their shift (with other attendings on standby if needed). Orienting yourself requires finding a comfy spot, your favorite computer, and then signing in to all the required programs including the EMR, the voice recognition system, and the radiology program. Then you peruse the tracking board for patients waiting to be seen by a physician. A typical shift will certainly include a number of lower acuity patients that are easier to turn over, but there are also always at least a few that are particularly ill and time-intensive. During most shifts in the higher acuity area, I find myself spending quite a bit of time with patients in the resuscitation bays. It is not unusual for me to do some type of procedure at least once per shift.

Why did you choose the program that you currently attend?

There are a number of things about this program that make it truly one of a kind. This program is situated in a geographic area that urban, but with rural Michigan in the immediate vicinity. This shapes the patient population in such a way as to provide residents here with countless opportunities to diagnose, treat, and manage rare pathology only read about by other residents in medical school. Related to that, is the experience we get in this program with procedures. As residents in this program, we do an overwhelming number of not only the common procedures, but a relatively large number of uncommon procedures as well. Lastly, the big appeal of this program for me was the attendings I knew I would get to work with and train under. We have such an extensive network of Emergency physicians in this city of great caliber with a number of accomplishments at the local and national level. That translates into optimal Emergency Medicine training and was certainly a draw for me in choosing this program.

What is something you wish you had known when applying to residencies?

The cost! I wish I had known how expensive it was going to be to not only apply, but then travel for interviews. I think the most important thing is knowing what you want out of residency, and going to your interviews prepared to ask those questions and gain those answers. This will help applicants narrow down their choice when it comes time to create their rank list.

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

I personally live outside of the city limits, but in this area, that can still mean a short drive to work. I and many others, live in the township which is a nice area with lots of restaurants and some shopping. I live in the northernmost part of the Township, and I like this area because it is quiet, beautiful with lots of farmland around, and is a short drive to nearby cities with additional restaurants and shopping. With all that at my disposal, it is easy to change up my scenery when I want to. Still, my drive to work is no more than 15 minutes, so it really is the best of both worlds

What is your call/shift schedule like?

As a resident, we do 18 shifts per month as we are now on a block schedule; so each rotation is 28 days. We do at least a few of every type of shift. Ideally, we group our shifts so that all of our early morning shifts come together with a day off and then a group of afternoon shifts, followed by a grouping of night shifts. This is really the best way to schedule with your circadian rhythm and minimize fatigue. We are fortunate to have been able to maintain this scheduling practice this year. Call shifts really only occur when on an off-service rotation. When it comes to that, there is some variability, but we are fortunate that our program emphasizes wellness and work-life balance without sacrificing quality training.

What activities are you involved in outside of the program?

One thing that I have become involved in outside of my own program, is EMRAM which is the Emergency Medicine Residents' Association of Michigan. It is an extension of MCEP, which is the state chapter of ACEP. This year I am the President of EMRAM, which has allowed me to be a resident member of the Board of MCEP. This has been very educational so far and has allowed me to see how physicians from different Emergency Departments come together to enact change at the statewide level. Additionally, I have been a part of some excellent conferences. In particular, I attended the annual Leadership & Advocacy meeting in Washington, D.C. last spring which was an incredible opportunity to influence policymakers at the national and local level. This is something I have become very passionate about and was made possible by this program.

What is your advice for students who are considering Emergency Medicine?

The biggest piece of advice I have for students considering this specialty, is to begin arranging a rotation which is a golden opportunity to know for certain if it is truly for them. I think it is also important to try to do more than one rotation in Emergency Medicine and to do them at different Departments. It can be very beneficial to see how things are done in different places and also to use that time to make contacts.

How did you decide which programs to apply to?

I am a graduate of a Caribbean medical school and also entered into the Match as a couple with my fiancée, now my husband. Both of these things factored greatly into my decision to apply to certain programs. Beyond that, I was looking for a program that had a culture of camaraderie, where it almost felt like you were part of a family and a team. Another important feature for me was my ability to rotate overseas and I'm happy to say, this program has been very supportive of my desire to do an elective rotation in West Africa! My program director, DIO and the administration have done everything they could to make it possible for me to go. This is just another way in which this program is incredibly supportive of helping each of us become the type of Emergency physician we wish to be.

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

In this program we have the benefit of staffing two different Emergency Departments and rotating in a third, entirely different Department out of town. I have thoroughly enjoyed my experiences at all three but have felt most at home at our core ED where we spend most of our time as residents. As such, while I was comfortable with the idea of a smaller Department where there are maybe one or two physician staffing during a shift, I have grown accustomed to the larger staffing model with all the ancillary services and find that I can effect the most change in this type of environment. I like being at a trauma center that is also a tertiary care center and have chosen such a facility that is very similar to my core ED of residency. I am excited to become part of a new team where I can apply my training and develop my own style of practice!

For more information on Central Michigan University, please go to
<https://www.cmich.edu/colleges/cmed/Education/Residency/EM/Pages/default.aspx>

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

Thank you Dr. Cowling and Dr. Jacob for taking the time to complete our MCEP Spotlight Interview