



# MCEP Residency Spotlight: University of Michigan

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## Quick Facts

### Location

Ann Arbor, MI

### Length/Type

4 year MD

### Training Site

University

### ED Volume

105,000

### Shift Length

9 or less

### Shifts per Month

19-21

### Elective Weeks

20

### Critical Care

32

## Ask the Program Director: Dr. Laura Hopson

### What is your programs philosophy?

A number of years ago one of our residents made the motto for us of “Four years, three sites, two colors, one goal”. We want to see our residents come out of here ready for anything. In addition to clinical readiness there is an element of preparing residents to excel in multiple areas that are demanded of EM physicians, be that administration, education, leadership, or research.

### What sets your Emergency Medicine Residency program apart from others?

We are a four-year program, and we use that time not only to focus on broad based clinical development but also to really allow people to develop skills in an area of their interest. We provide opportunities they may not find in a more traditional curriculum.

### What type of population does your base hospital serve?

We actually have two base hospitals, as we are the only jointly sponsored program in emergency medicine, between University of Michigan and St Joseph Mercy. UofM is our base, and while that is a suburban hospital we are also a major referral center for the state of Michigan. Because of this we pull in high complexity and high acuity patients, not only a lot of sick patients but patients with advanced diseases states who are undergoing complex treatments. St Joseph is more of a classic community hospital. It is still high acuity but with more of an underserved population and a large geriatric population, so diseases that go along with that, such as pneumonia, sepsis, or drug overdoses.

### Does your program provide research opportunities? Is research required?

We require all residents to demonstrate scholarship, and research is one form of that. It may be a project that they present, an idea to change the EM environment, med-ed for curriculum ideas, or more of a synthesis (review) article. Research in itself is not required, so we provide other opportunities for those who do not enjoy research so that they can still produce scholarly activities. We are the #1 NIH funded EM department in the country, so we do have huge opportunities in critical care, resuscitation, stroke, and outcomes research if people are interested.

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

Geographically we see our graduates dispersed throughout the country. Roughly 1/3 go academic, 1/3 go community teaching in hospitals that are community based and have some students without being strictly academic, and 1/3 are in straight community programs, often in low resource areas, whether that be rural or urban.

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

Dive in and find out if you like it. They need to determine if it's an appropriate field for them. Its an awesome field, but also isn't perfect for everyone. It demands decision making based on limited information, and the ability to be wrong. Inevitably some patients will have bad outcomes. So really experiencing emergency medicine is important. Its important to see EM in a variety of environments, as it really varies based on the population and hospitals resources.

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

SLOEs carry the most weight. However, context does matter. Great SLOEs won't save a bad application, and bad SLOEs can be a detriment to a good application.

What is something that sets a great applicant apart?

I want an applicant who has ability to do well regardless of the situation. Not just doing well on one rotation, but being able to succeed in new environments, and find excitement and joy in all fields, not just EM. This type of person shines because it comes through, as it's more of an "I love medicine for medicine sake", and this is the field I'm going to be happiest in. The ability to excel and engage regardless of the situation makes an outstanding EM physician.

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

If someone has an interview, they have passed the "are they smart enough" stage. 'Smart enough' carries a lot of forms, not just those measured by boards. Once in the door, I want to know if they are passionate about patient care. Is this just an interest in trauma or an excitement to take care of someone who is here because they are scared and distressed and need help? Someone who is passionate about patient care and has drive to excel, who is more about medicine than clocking in at 3 and out at 7. It's a life not a life style. They HAVE to know how to get along with a whole variety of people from all walks of life and treat all of them with respect, and be able to work as a teammate not as a boss.

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## Ask the Residents: Dr. Nate Haas and Dr. Mary Haas

What made you choose Emergency Medicine?

Mary - I got involved in EM early on as a college student when I started doing research at my undergrad institution, University of Pennsylvania. I met my earliest EM mentor there, Dr. Judd Hollander, and through my research with him got to attend SAEM. At SAEM, I met a ton of other emergency docs and found I just really jived with the type of people who were practicing EM. I felt like I fit in. I appreciated that it was a social group of people who were also well rounded and had many interests outside of medicine which ultimately made them relatable and well suited for connecting rapidly with people in the ED. I also enjoyed the ED environment when during research. I went into medical school pretty much knowing EM was the field for me, but kept an open mind during my M3 year. As a third year, I found I was most interested by the acute/emergent pathology I encountered in every rotation/specialty and liked a "little bit of everything." This just confirmed it for me.

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

Nate - It varies drastically! No two days in EM are exactly alike, and this lack of routine is what draws many people to the field. We typically rotate through one-month blocks, and thus I may be in the pediatric ICU one week and the adult ED the next week, which can certainly be challenging. During ED months, we typically work 18-21 shifts, comprised of a combination of mornings, evenings, and nights. These typically last between 8-10 hours, with about an extra hour on the end for documentation.

What is your call/shift schedule like?

Nate - As we rotate through several different sites, it is difficult to generalize or simplify this, but we work roughly 18-21 shifts per month in the ED, with shifts ranging from 8-10 hours per shift. Fourth year residents have the luxury of typically not working any overnight or weekend morning shifts. Scheduling of off-service rotations and ICU months varies drastically as well, but schedules often include 5-6 days per week, 8-12 hours per day.

Why did you choose the program that you currently attend?

Mary - I am originally from Michigan so I was interested in coming back to be closer to my family. I went to undergrad in Philadelphia and medical school in Chicago and was ready to live in a place like Ann Arbor which has most of the attractions of a bigger city (food, art, culture) but is generally more affordable and convenient in terms of parking, getting around, having a larger living space, etc. I knew U of M had an excellent reputation as an academic program that also trains great clinicians, which attracted me as an applicant. Knowing that I was going to couples match with my husband into the same specialty, we made the decision to do an audition rotation here together during our fourth year of medical school. We absolutely fell in love with it and it quickly became our top choice. We loved the 3 different training sites (U of M, Hurley, St. Joe's), the survival flight program, the four-year structure with the opportunity to select a track, and most importantly – the people!

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

Mary - Yes! I live in Ann Arbor, which is now my favorite city I have ever lived in. Ann Arbor is a physically small area, but it is packed with amazing restaurants. The food here is exceptional. Ann Arbor also appreciates culture and the arts—there are great art museums and the annual art fair every summer, which is huge. Given that the undergrad campus is also a major part of the city, there is always lots of youth and life around, which means things are open late and there is always something to do, including ample night life, and we get to benefit from the events that the University of Michigan draws into the city. Football games are incredibly fun! We also get to work the football games as residents, taking care of people in the crowd.

What activities are you involved in outside of the program?

Nate - I'm involved in a few research and quality improvement projects centered around cardiac arrest and DKA, and sit on the CPR committee within the health system. I've been involved in varying capacities with AAEM/RSA on the regional and national level. I am also involved with several projects within the residency program geared around improving our didactics and resident education. I often teach medical student lectures or procedural labs. I am also participating in the Healthcare Administration Scholars Program.

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

Mary - Make sure to spend as much time in the ED as possible to make sure it is a good fit for you, and in more than one ED, in order to get a sense for how the practice of EM differs depending on the community you serve and type of institution in which you work. Get involved in your EMIG early, and get involved in the national EM organizations in order to meet other students, residents and attendings that share your interest in EM. This will open up a ton of opportunities for you! Make sure you truly love the content and practice of emergency medicine if you are going to pick it as a specialty. We may work fewer hours and have more flexibility than a lot of other specialties but the work is emotionally and physically intense and you really need to love what you do!

How did you decide which programs to apply to?

Nate - I created a list after sitting down with my mentors and advisors, based on quality of the program, geography, and the city the programs were located in. I also couples matched, and thus primarily applied to areas with multiple programs in the same city or close proximity, and preferred larger (ie, more residents) programs.

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

Nate - I am leaning towards a career in academic EM, and plan to incorporate some elements of research, medical education, administration, and quality improvement in my career.

Mary - I hope to work at an academic institution, ideally as part of the residency program leadership one day, and work with residents and students.

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

Nate - The curriculum of any EM residency is so tightly regulated that differences in curricular structure quickly become less important. I at first scrutinized “two weeks of X at Program A seems much less desirable than two weeks of Y at Program B.” In reality, these differences have seemed to be of much lesser importance. I would rather recommend focusing on opportunities both during residency and thereafter, what graduates do and where they end up, and the people that comprise the program.

Mary - As an applicant, I never knew to look into and consider the perks at various programs that add up over time and can really improve your quality of life. For instance, we get a certain amount of funds loaded on our ID badge to spend at the small coffee shop/variety store at one of our institutions, which is really nice! You can get coffee and food for free any time you come in for a shift, or buy some basic groceries there if you don't have time to run to the grocery store after work. University of Michigan also has the House Officers Association, who negotiates great benefits for its residents, including things like our salary and extra pay on your birthday and holidays. I wouldn't choose a residency based on these things, but I would consider them as part of the total equation as they add up and can contribute to your overall well-being!

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For more information on University of Michigan Emergency Medicine Residency, please go to  
<https://medicine.umich.edu/dept/emergency-medicine/education/residency>

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

Thank you Dr. Hopson, Dr. Mary Haas, and Dr. Nate Haas on taking the time to complete our  
MCEP Spotlight Interview