



Emergency medicine physicians need to have a strong foundation in a wide variety of medical and surgical conditions. Students pursuing a career in emergency medicine should focus on electives and selectives that give the student responsibility for diagnosis and management of diverse patients. Choosing electives/selectives that remedy any self-identified knowledge gaps is recommended.

Suggested Selectives/Sub-Internships:

- EMED 4005 – Emergency Medicine Selective (Ambulatory)
- FMED 4011 – Acute Care of the Elderly (Inpatient)
- MEDI 4046 – General Medicine Ward (Inpatient)
- MEDI 4066 – Medical ICU (Inpatient)
- PEDI 4036 – Pedi Critical Care (Inpatient)
- SURG 4047 – Emergency Surgery (Inpatient)

Suggested Electives:

- EMED 4051 – Emergency Ultrasound
- EMSP 4010 – Emergency Medicine Services-Ambulance
- MEDI 4077 – EKG Interpretation
- PEDI 4039 – Child Abuse Pediatrics
- PSYC 4001 – Clinical Psychiatry
- RAD1 4001 – General Diagnostic Radiology

Away Rotations:

They are required. A student applying to emergency medicine must have two standard letters of evaluation (SLOEs). One may be from your home institution and the other from an away rotation. Often students will complete more than one away rotation because of interest in a particular program but only one is required. Away rotations are typically done early in the year (Block 1-3) in order to obtain SLOEs by the time ERAS opens.

USMLE Step 2 CK/CS:

It is generally a good idea to have completed both Step 2 CK/CS prior to the interview season beginning. Interviews are typically held from November/December. Taking Step 2 CK early (before Sept. 1st) will ensure your score is available when ERAS opens.

For further information visit the [“EMRA and CORD Student Advising Guide”](#)

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