



# UT Health

San Antonio

Emergency Medicine



## Our program

In collaboration with the US Air Force, we offer two active duty training positions yearly. The US Army may also provide one civilian sponsored position depending on the year. Interested applicants need to apply through the [Joint Service GME Selection Board](#) as well as [Electronic Residency Application Service® \(ERAS®\)](#). Selected applicants will be contacted to schedule virtual interviews with our residency leadership as well as our chief residents.

The University Hospital ED functions as one of only two Level I Trauma Centers in San Antonio, the only Pediatric Burn Center, a Comprehensive Stroke Center, a Percutaneous Coronary Intervention Center, and a Hyperbaric Center.

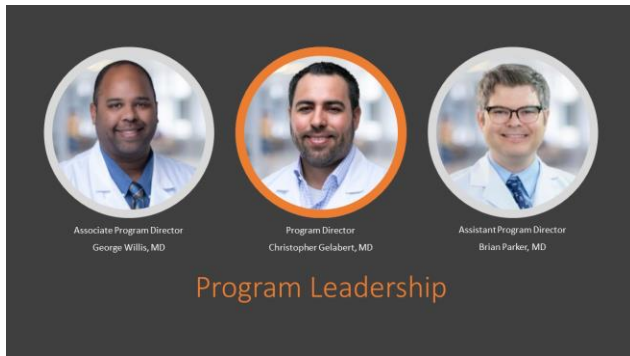
Your training at our institution will ready you for wounded war-fighters downrange. We have eighty adult ED beds as well as twenty-two pediatric beds. You will work in conjunction with a host of different teams from sixty-one specialty and sub-specialty programs, including our own sub-specialist EM trained faculty in ultrasound, EMS, toxicology, global health, wilderness medicine, surgery and medicine critical care, disaster, and education.



*Resident Retreat June 2022*



*Pre-interview virtual dinner*



## Program leadership

Program director: Chris Gelabert, Associate program director: George Willis, Assistant program director: Brian Parker

## Chief residents

Administrative chief: Aaron Alindogan, Scheduling chief: Molly Chang, Academic chief: Ben Pilkey



## Curriculum

Rotation overview. PGY-1 Focus on Foundations: Adult EM, Orientation, Ultrasound, Anesthesia, Ortho Trauma, Pediatric EM, MICU, CCU, STICU, Longitudinal Trauma. PGY-2 Focus on critical care: Adult EM, Toxicology/EMS, Neuro ICU, PICU, Longitudinal Trauma, OB/Gyn, PEM at CHOSA, Community EM at Main Methodist and Baptist Health System. PGY-3 focus toward independent practice: Adult EM, Admin, Elective, Metropolitan Methodist, Longitudinal PEM, Longitudinal Trauma, MICU.

## Academics

Didactics will be an amalgamation of Grand Rounds, asynchronous education, simulation, and oral board case reviews. Grand Rounds will also include hands-on educational days outside of the department, which will include a toxicology walk through the Botanical Gardens as well as EMS-led training and patient extraction (eg, cutting open vehicle doors and prying open crushed compartments).

Residents will also participate in research, guided by a strong research advisory team who can mentor you through the entire process—starting with formulating a question or topic or research, pushing through the IRB process, applying for grant money, writing a paper or creating a poster, and ultimately preparing for a poster or lecture presentation and publication.

Finally, we also offer residents specialty tracks in ultrasound, wilderness medicine, EMS, global health, and critical care.

## Military application

Reference CORD's "[The Military Emergency Medicine \(EM\) Applying Guide: Demystifying the Military Match and Application Process.](#)" Here's the TL; DR.

There are 3 types of matches: active duty, civilian sponsored, and civilian deferred. An active duty position is currently only available to AF students. You are paid by the military and maintain benefits, and time served is considered concurrent with your training, ie, you incur no extra commitment by going through residency.

Civilian sponsored is available to Army students. You are paid by the military and maintain benefits, but time served is not considered concurrent with your training, ie, you incur extra commitment by going through training. You are a free resident to the program/hospital.

Civilian deferred is a regular civilian position through the [Electronic Residency Application Service \(ERAS\)](#). You are on inactive reserve status and function as a civilian resident, are not paid by the military, and do not maintain benefits. Contact your service and find out if there will be any civilian deferments for the upcoming year. You will return to pay back the commitment after residency.

Historically, initial application deadline is mid-September with final deadline no later than 15 October. You must apply through the [Medical Operation Database System \(MODS\)](#) via a military network. General instructions can be found on the [Air Force website](#). For Air Force students, our program will be listed on your rank list. For Army, you must be "matched" to apply for a civilian program. Active duty positions will be announced in December. Selection for civilian sponsored and deferred positions will be announced in December; at this point, you will need to proceed with the ERAS application and schedule your interviews once invited. You will participate in the national Match Day.

## Applying to our program

Reference ERAS for this year's timeline. Programs will review applications in the fall. Selected applicants will be invited to choose one interview date, scheduled on a first-come, first-served basis. Residents will meet with candidates in a pre-interview dinner. We anticipate this year will be a hybrid of in-person and virtual interviews. Interviews will be conducted in November, December, and January of each year.

For more information, please contact our Residency Coordinator or reference our [website](#).

### Contact information

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