

Factors Affecting Career Interest in Emergency Medicine among Postgraduate Interns of the University of the Philippines-Philippine General Hospital

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ABSTRACT

Background and Objective. Identifying the factors and reasons behind medical students' choice of medical specialty will provide an understanding to the health sectors and may serve as data for interventions necessary to address issues such as manpower allocation. This study aimed determine the factors that affect career interest in emergency medicine among postgraduate interns (PGI) of the University of the Philippines-Philippine General Hospital (UP-PGH).

Methods. A cross-sectional study was conducted among UP-PGH PGI from August 2022 to June 2023. A website link for the validated questionnaire utilized previously by a similar study among medical students in Saudi Arabia was sent to the respondents which instructed them to choose the top 3 medical specialties that they were interested to pursue. Their top choices were evaluated through a 5-point Likert scale that ranged from 1-no influence to 5-major influence which included factors such as medical lifestyle, social orientation, prestige, hospital orientation, role model and varied wide scope of practice that were further divided into 30 variables. Data analysis was done using one-way ANOVA to compare the factors among specialty groups.

Results. A total enumeration was conducted, involving 161 respondents. Respondents chose the following in order of preference as top choice: primary care (PC) (54.7%), controllable lifestyle (CL) (27.3%), surgical specialties (SS) (16.8%), and emergency medicine (EM) (5.6%). In the EM group, medical lifestyle was ranked the highest influential categorized factor and prestige as the least. The most important individualized factors that influence career interest in EM are acceptable hours of practice, able to spend appropriate time with family and focus on urgent care.

Conclusion. EM specialty was the least chosen top specialty among PGI. Medical lifestyle was considered to be the most influential factor among the EM group and prestige as the least. The low number of respondents who expressed interest in EM necessitates active promotion of the specialty to prevent the shortage of emergency physicians in the future.

Keywords: *emergency medicine, career interest, medical specialty*



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INTRODUCTION

Understanding a medical student's decision on what residency program to take is important. There are several factors that affect these decisions which match the student's goals. Selecting a residency program after obtaining the license to practice medicine is one of the most important decisions in a physician's lifetime. The decision should match with their interests, culture and social circumstances which are further backed up by several information gathered by the individual from various sources regarding the field of specialty. Medical specialties vary vastly in terms of work settings, skills used, schedule, responsibilities and professional engagements which make each of them unique. It is vital for concerned agencies from the healthcare system to gain insights as to why one specialty is favored over the others. This is to address issues such as allocation of adequate workforce especially to rural areas. Health manpower planning is of important interest to help address the healthcare-related problems of the country that will affect the quality of health services. Therefore, identifying the factors and reasons behind medical students' choice of medical specialty will provide an understanding by the health sectors and may serve as data for interventions necessary to address issues such as manpower allocation.

Postgraduate interns are the ideal participants to take part in this study due to the fact that they had exposure to the actual setting of different specialties in the University of the Philippines-Philippine General Hospital (UP-PGH). Having an insight as to why each of them would prefer one specialty over the other will provide the information as to what factor would majorly affect their career interest. Determining the factors and attributes of postgraduate intern (PGI) interested in emergency medicine (EM) may guide future initiatives and development regarding EM residency training.

Currently, there is a severe global crisis in health workforce by which many countries are experiencing shortage of health professionals and have an imbalance of skill mix and geographical maldistribution in rural and remote places.¹ A better understanding of the factors that influence medical students' career interest in EM will be useful in terms of applicant evaluation selection and understanding maldistribution of physicians among different specialties. Furthermore, the data gathered may aid in workforce and curriculum planning. In the Philippines, the number of population per doctor is 37,167.² With the increasing number of emergency department consults, the demand for EM physicians remains high. In Malaysia, Philippines, and Thailand, it crosses 100,000 people per certified emergency physician.² Emergency medicine is among the essential services that should be accessible to Filipinos.³ A better understanding of the factors that affect career interest among different specialties may help address the problem in shortage of specialized health professionals, specifically in EM. This

study aimed to determine the factors that affect career interest in EM among PGI of UP-PGH for the academic period of August 2022 - June 2023.

METHODS

Study Design

A cross-sectional single institution study which involved PGI from UP-PGH for the academic period of August 2022 - June 2023 was conducted. The study protocol was approved by the University of the Philippines Manila Research Ethics Board (UPMREB 2022-0487-EX).

Sampling Method

Total enumeration of PGI was done for this study which targeted at least 90% of the total population. A list of all PGI with their corresponding email addresses was requested from the Deputy Director for Health Operations Office (DDHO) in August 2022. Postgraduate interns are those who graduated with a degree in Doctor of Medicine from schools other than University of the Philippines College of Medicine (UPCM) who did their internship at UP-PGH. Every year, medical students all over the Philippines apply to their preferred hospital for postgraduate internship as a requirement for the board exam and UP-PGH offers such program for non-UPCM students. Fifth year medical students of the UPCM were excluded in this study because their curriculum did not include mandatory Emergency Department clinical rotation. All potential respondents were invited in a conference room and was informed about the study last June 2022. A total of 161 out of 166 (96.99%) enrolled PGI participated and were included in the data analysis.

Data Collection

A website link for the questionnaire was generated which was sent to the respondents via email on June 1, 2023. Documentation of signed informed consent form was waived due to minimal risk and online survey format, ensuring anonymity and data confidentiality. Answering the online questionnaire implied consent. A validated questionnaire from the study of Alkhaneen et al. was utilized in this study with the author's consent.⁴ Although originally validated in Saudi Arabia, it was pilot tested among LU5 medical students of the UPCM to assess clarity and cultural applicability prior to distribution to the actual study population. Since there were no major modifications made and the questionnaire targeted a comparable group of PGI, revalidation was not deemed necessary. The tool measures the relative influence of factors that were grouped into six descriptive categories: medical lifestyle, social orientation, prestige, hospital orientation, role model and varied scope of practice on PGI's preferred specialty, specifically emergency medicine compared to other fields. Demographic characteristics such as age, sex and preferred specialty were summarized using

frequencies and percentages. Respondents were instructed to choose among the medical specialties they are interested to pursue. For each specialty, they indicated it with YES or NO if they are considering in pursuing it and ranked their top 3 specialties. Their first choice was further evaluated by 30 variables through a 5-point Likert scale that ranged from 1 (no influence) to 5 (major influence). Likert scale values for each factor were classified as low influence (1.0-3.0) and high influence (3.1-5.0). The basis for this classification was adopted from a study by de Souza et al. wherein they surveyed 1,223 Brazilian medical students and recent doctors regarding medical specialty choice and related factors.⁵ The specialties were classified into 4 groups: emergency medicine (EM), controllable lifestyle (CL) [anesthesiology, neurology, ophthalmology, radiology, otorhinolaryngology, pathology, dermatology, rehabilitation medicine, and psychiatry], primary care (PC) [internal medicine, family medicine, pediatrics, and obstetrics/gynecology] and surgical specialty (SS) [general surgery, plastic surgery, urology, and orthopedic surgery] and “other” (to be written on the blank). The demographic characteristics of the participants were also asked (age, sex, and marital status). Grouping EM separately acknowledges its hybrid nature: acute, procedural, and hospital-based, with lifestyle parallels to CL specialties. This categorization aids in distinguishing EM group’s unique motivational profile.

Data Analysis

The mean value from the Likert scale for each factor among specialty groups were calculated. One-way analysis of variance (ANOVA) was used to compare the influencing factors among the different specialty groups to determine which factor is most contributory to choosing the specialty. A higher mean value indicates higher influence on choice of specialty. A p value of <0.05 indicated statistical significance. Post-hoc analysis (Bonferroni test) was done to determine which specialty group had a significant difference across other groups. Responses with incomplete or missing data

on key variables (e.g., unselected specialty preference or uncompleted Likert items) were excluded from analysis. Since the proportion of missing data was <5%, imputation was not necessary. Categorical variables such as sex, marital status, and specialty preference were summarized using frequencies and percentages listed in tables. Continuous variables, including age and mean Likert scores, were expressed as means and standard deviations. Differences in mean scores between specialty groups were analyzed using one-way ANOVA with Bonferroni post-hoc testing to identify pairwise differences.

RESULTS

A total of 161 out of 166 (97%) PGI were included in the data analysis. One PGI did not consent to participate in the study while four did not choose specialties that were included in the four specialty groups: EM, PC, CL, SS.

The demographic characteristics of the 161 PGI who answered the online questionnaire are shown in Table 1. In terms of sex, majority were females (54.7%). Most respondents were single (99.4%). The mean age was 26.4 years. In terms of specialty groups, PGI chose the following in order of preference as top choice PC (54.7%), CL (27.3%), SS (16.8%) and EM (5.6%). However, there were still PGI who considered EM in their top 2 (14/161) and top 3 (17/161). Overall, 24.8% included EM in their top 3 that they are interested to pursue as a career.

Table 2 shows the demographic characteristics according to career interest. The mean age was 27.7 years in the EM group, 26 years for CL, 26.3 years for PC, and 26.7 years for SS. Mostly were of the female sex per each specialty group. In terms of marital status, vast majority are single.

Table 3 shows the comparison of categorized factors that affect career interests of PGI. The mean scores for every categorized factor are significantly different in all specialty groups (p = <0.001). Bonferroni post-hoc analysis revealed that all categorized factors for each specialty group is significantly different compared to all other specialty groups.

Table 1. Demographic Characteristics and Specialty Groups (n=161)

Variable	Category	n**	% of PGI
Age	Mean: 26.4 years, SD*: ±1.97	161	N/A
Sex	Female	88	54.7%
	Male	73	45.3%
Specialty group preference	PC	81	54.7%
	CL	44	27.3%
	SS	27	16.8%
	EM	9	5.6%

*SD - standard deviation

**n - number of PGI

PC - primary care, CL - controllable lifestyle, SS - surgical specialty, EM - emergency medicine

Table 2. Demographic Characteristics of PGI according to Career Interest

Specialty Group	Mean Age	Sex		Marital Status	
		Male (%)	Female (%)	Single (%)	Married
PC	26.3	38 (46.9%)	43 (53.1%)	81 (100%)	0
CL	26.0	20 (45.5%)	24 (54.5%)	43 (97.7%)	1 (2.3%)
SS	26.7	12 (44.4%)	15 (55.6%)	27 (100%)	0
EM	27.7	3 (33.3%)	6 (66.7%)	9 (100%)	0

PC - primary care, CL - controllable lifestyle, SS - surgical specialty, EM - emergency medicine

Table 3. Comparison of Categorized Factors that Influence the Career Interest of Medical Students

Categorized Factors	Mean				Results of ANOVA	
	EM ^a (n= 9)	CL ^a (n=44)	PC ^a (n=81)	SS ^a (n=27)	F	p value*
Medical lifestyle	3.88	3.72	3.46	2.81	4.30	<0.001
Social orientation	3.70	3.27	3.82	2.96	9.12	<0.001
Prestige	3.11	3.22	3.49	3.19	5.79	<0.001
Hospital orientation	3.67	3.16	3.54	3.26	9.81	<0.001
Role model	3.67	3.36	3.75	3.36	5.05	<0.001
Varied scope of practice	3.44	3.18	3.66	3.17	8.01	<0.001

*Significant if p value = <0.05

^a indicates that all specialty groups are significantly different with each other for every categorized factor

EM - emergency medicine, CL - controllable lifestyle, PC - primary care, SS - surgical specialties

Table 4. Rank Order of Categorized Factors that Influence Specialty Preference for each

Rank	EM	CL	PC	SS
1	Medical lifestyle	Medical lifestyle	Social orientation	Role model
2	Social orientation	Role model	Role model	Hospital orientation
3	Hospital orientation and Role model	Social orientation	Varied scope of practice	Prestige
4	Varied scope of practice	Prestige	Hospital orientation	Varied scope of practice
5	Prestige	Varied scope of practice	Prestige	Social orientation
6	NA	Hospital orientation	Medical lifestyle	Medical lifestyle

EM - emergency medicine, CL - controllable lifestyle, PC - primary care, SS - surgical specialties

All categorized factors in order of preference were ranked per specialty group as presented in Table 4. For the EM group, medical lifestyle was ranked the highest as most influential factor and prestige as the least. Hospital orientation and role model tied up on rank 3. For the rest of the specialty groups the most influential factor was medical lifestyle for CL, social orientation for PC and role model for SS.

The factors that affect career interest among PGI are presented in Table 5. Likert scale values for each factor were classified as low influence (1.0-3.0) and high influence (3.1-5.0). The most important factor that influence career interest in EM with equal mean score of 4.56 are acceptable hours of practice, able to spend appropriate time with family and focus on urgent care. For the CL group it is the acceptable hours of practice (4.43) while for the PC group it is the interesting patient population (4.24). For the SS group, 3 factors tied up as the most influential factor (3.59), high income potential, focus on in-hospital care and focus on urgent care. Research interest was the least influential factor in EM (2.67), CL (2.41) and PC (2.62) groups. In the SS group (2.37), research interest belonged to the top 3 least influential factor with focus on patients in community (2.00) at the bottom list. One-way analysis of variance (ANOVA) test revealed that there is a significant difference (p = <0.001) in the mean scores of all individualized factors in all of the specialty groups. Furthermore, Bonferroni post-hoc analysis indicated that all individualized factors for each specialty group is significantly different across all other specialty groups.

DISCUSSION

In this study, the results revealed that EM was the least selected specialty among PGI at UP-PGH, with only 5.59% identifying it as their first choice. The least preference to EM parallels to international trends wherein it attracts only a small portion of medical students or interns compared to other specialties. In a study by Scott et al. in 2009, a survey among Canadian medical students from 8 universities from 2001 to 2004 was done to determine a student's career interest in EM. The results showed that only 128/2168 (6.1%) cited EM as their first career choice. Those who were interested in EM reported greater influence of hospital orientation, lesser influence of social orientation, medical lifestyle, varied scope of practice and less likely to report social orientation compared to medical students primarily interested in family medicine, surgical specialties and medical specialties which indicates that they have attributes that differentiate them from other students.⁶ The study of Boyd et al. on American medical students from different colleges revealed the EM group contained the smallest number of respondents among 963/13,440 (10%).⁷ This is true as well in the study of Alkhaneen et al., where there were only 32/436 (7%) medical students in Saudi Arabia who expressed EM as their first choice as a career specialty. The EM group was mostly influenced by lifestyle and hospital orientation and least influenced by social orientation and prestige.⁴

Table 5. Factors that Influence PGI's Career Interests per Specialty Group and Date Analysis Using One-way ANOVA

Factors		Results of ANOVA				p value*
		EM ^a (n=9)	CL ^a (n=44)	PC ^a (n=81)	SS ^a (n=27)	
		mean score interpretation: low influence = 1.0-3.0 high influence = 3.1-5.0				
Medical Lifestyle	Acceptable on-call schedule	4.33	4.16	3.75	2.74	<0.001
	Research interest	2.67	2.41	2.62	2.37	<0.001
	Acceptable hours of practice	4.56	4.43	3.06	2.93	<0.001
	Flexibility inside of medicine	4.33	4.34	3.94	3.11	<0.001
	Flexibility outside of medicine	4.44	4.20	3.96	3.00	<0.001
	Keep options open	2.89	3.86	4.04	3.26	<0.001
	Short postgraduate training	4.00	3.02	3.29	2.89	<0.001
	Less intense residency program	3.78	3.34	2.98	2.15	<0.001
Social Orientation	Patient population is interesting	4.33	3.70	4.24	3.37	<0.001
	Focus on patients in community (healthcare approach which prioritizes the health needs of people in a community by providing preventive, health education and primary care)	3.44	2.84	3.90	2.00	<0.001
	Long-term patient relationship	3.11	2.95	3.33	3.00	<0.001
	Social commitment	3.44	2.70	3.53	3.15	<0.001
	Health promotion is important	3.33	3.14	3.91	3.22	<0.001
	Able to spend appropriate time with my family	4.56	4.27	4.00	3.00	<0.001
Prestige	High income potential	3.33	4.05	3.64	3.59	<0.001
	Status among colleagues	3.00	2.57	3.47	3.22	<0.001
	Stable/secure future	3.00	3.05	3.35	2.74	<0.001
Hospital Orientation	Focus on in-hospital care	3.67	3.20	3.84	3.59	<0.001
	Focus on urgent care	4.56	2.77	3.47	3.59	<0.001
	Focus on non-urgent care	2.89	3.27	3.67	2.52	<0.001
	Intervention results immediate	4.44	3.05	3.44	3.52	<0.001
	Do not like uncertainty	3.00	3.32	3.34	3.11	<0.001
	Prefer medical to social problems	3.44	3.34	3.47	3.22	<0.001
Role Model	Good match to career	3.67	3.48	3.80	3.33	<0.001
	Emulate physician	3.22	3.34	3.71	3.22	<0.001
	Meaningful past experience	3.56	3.45	3.69	3.52	<0.001
	Experiences in health fields during medical school	3.89	3.36	3.78	3.44	<0.001
	Experiences with role models during medical school	4.00	3.18	3.79	3.30	<0.001
Varied Wide Scope of Practice	Wide variety of patient problems	4.00	3.32	3.84	3.52	<0.001
	Narrower variety of patient problems	2.89	3.05	3.47	2.81	<0.001

*Significant if p value = <0.05

^a indicates that all specialty groups are significantly different with each other for every individualized factor

EM – emergency medicine, CL – controllable lifestyle, P – primary care, SS – surgical specialties

Educational Exposure and Training Opportunities

One reason as to why EM is not one of the top career choices by the majority is due to the absence of EM training programs in a country.⁸ At present, there are only 21 EM residency training programs accredited by the Philippine College of Emergency Medicine (PCEM) in the country.⁹ Thus, initiatives on promotion of EM as a career is important to increase the number of EM specialists in the Philippines. The World Health Organization (WHO) advocates the establishment of EM training programs in its member states to further improve emergency care systems as well as across the healthcare systems.¹

The low interest in EM can also be attributed to the lack of knowledge or awareness of PGI to the specialty. The Association of Philippine Medical Colleges (APMC) sets the guidelines for the clinical rotations of PGI in the country. The one-year clinical rotation includes required rotation for 2 months in the following departments; medicine, pediatrics, surgery, ophthalmology, ENT, obstetrics-gynecology, and community medicine. They may also rotate to their desired other specialties as elective which includes EM.¹⁰ Thus, the less exposure of PGI to EM rotation could attribute to the low interest as career choice. According to one study wherein a survey was done among medical students in a level 1 tertiary care university hospital in California, USA,

observational experiences in the emergency department (ED) had a significant influence on medical students' interest in EM.¹¹ At UP-PGH, PGI rotate at the ED for 2 weeks only which is shorter compared to the 2-month duration in other specialties required by APMC. A shorter period of clinical rotation means that they will be exposed to fewer cases at the ED and lesser experience or grasp of what EM physicians do. Thus, a positive attitude and perception in choosing EM as a career choice will be less likely.

Emergency Medicine is a young and growing specialization in the Philippines which was recognized as a specialty in 1991.¹² An EM residency program that is closely affiliated with a medical school is strongly and independently associated with a quantitatively and statistically significant increase in the proportion of students from that school who choose a career in EM. Thus, the reported data supports the proposition that if it were to address the shortage of manpower for EM physicians by attracting medical students to the specialty, a residency program must be established within primary teaching hospitals of medical schools.¹³

While limited exposure contributes to low preference to EM, our results suggest that career choice in EM is shaped by a combination of lifestyle considerations, individualized factors, and structural opportunities within the training environment.

Gender and Demographic Considerations

There were more female respondents who took part in this study. According to one study by Bhat et al., gender had a significant role in choosing a specialty. Females prefer PC specialty such as obstetrics and gynecology.¹⁴ There is an increasing number of female doctors thus outnumber men in medical school applications.¹⁵ Majority of the respondents were single in terms of marital status which may be attributed to prioritization of finishing their medical education first. According to the Philippine Statistics Authority in 2020, 61% of married Filipinos were aged 30 to 54 years old.¹⁶ In this study, the mean age of the participants was 26.4 which is not a common age to get married yet. Women were also represented among those choosing EM, possibly reflecting its positioning as a lifestyle specialty offering greater balance compared with more demanding surgical careers.

Lifestyle as a Key Determinant

Among PGI who expressed interest in EM, lifestyle was cited as the most influential factor. This indicates a broader shift in medical career decision-making, where CL specialties, those offering flexibility, manageable hours, and personal time, are increasingly preferred.^{17,18} Although EM is often perceived as intense and unpredictable in nature, it also provides shift-based scheduling, protected time off, and limited long-term patient follow-up. These features may explain its classification as a lifestyle specialty and its appeal to PGI seeking work-life balance. Our results align with findings from Alkhaneen et al., Scott et al., and Boyd et al.,

who all reported that lifestyle was the dominant factor for EM-inclined students.^{4,6,7}

Work-life Balance Influence

Another survey revealed that the highest proportion of students chose work-life balance as an important factor for EM career choice. The students considered EM as an acute, procedural, public hospital specialty, with diverse patient problems and minimal continuity of care.¹⁹ A study by Burkhardt and his colleagues in 2019 reported in their study that age, medical debt, importance of work-life balance, confidence in specialty choice, and plan to care for underserved populations were positively associated with EM interest.²⁰ Furthermore, importance of specialty competitiveness and mentorship advice were correlated with lower EM interest. In 2009, a study was conducted by Kuhn and his colleagues with regard to tolerance for uncertainty, burnout, and satisfaction with the career of EM. It was concluded that a large number of EM physicians exhibited emotional exhaustion, which is the core symptom of burnout.²¹ High anxiety was caused by concern for bad outcomes but despite this, majority of the respondents are satisfied with the career of EM. Accordingly, more than half of physicians specializing in EM were reported to have high levels of career satisfaction and concern about burnout is substantial.²²

Prestige and Research Interest

Prestige was rated as the least influential factor, consistent with previous studies where EM ranked lower in perceived status compared with surgical or internal medicine specialties.^{4,8} This may be tied to perceptions of EM as emotionally taxing and undervalued despite its critical role in healthcare systems. Similarly, research interest was a low motivator, echoing findings that medical students perceive research in EM as less central to patient care.¹⁴

Notable Factors in Other Specialties

The CL specialty group also has more individualized factors under medical lifestyle with mean scores of 4 and above compared to PC and SS with acceptable hours of practice on top the list. For the PC group, social orientation is the most influential factor specifically in terms of interesting patient population. This is due its several subspecialties which comprises the bulk of patients seeking consult in the hospitals or clinics. The SS group is highly influenced by their role models which could be their parents, relatives, teachers, or mentors in medical school. Furthermore, high income potential is on top of the list as most influential individualized factor in choosing SS. This is true due to the fact that majority of surgical procedures are costly which in turn provide good compensation among physicians who perform surgeries.

Implications

The findings of this study highlight that PGIs' interest in EM is influenced less by prestige or academic pathways and more of lifestyle compatibility, individualized preferences, and opportunities for clinical exposure. To strengthen recruitment, EM societies such as the Philippine College of Emergency Medicine and training institutions should enhance structured clinical rotations, provide early mentorship, and highlight the positive lifestyle aspects of EM without downplaying the challenges of burnout and stress. Establishing or strengthening EM residency programs within teaching hospitals could attract more future specialists, addressing both national workforce shortages and the broader goal of improving emergency care access.

Limitations of the Study

The information on various factors that affect career interest in different specialties among PGI in this study gave us an understanding as to why one specialty is favored over others. However, there are limitations in this study. The study only gathered data from PGI in one academic period. There can be changes in career interests among PGI as they progress through their medical education. No follow-up among the PGI for a re-survey was done due to the limited time period allotted for the researcher. There was no comparison with other hospitals or other groups of postgraduate interns. Potential sources of bias identified include the following: selection bias because only PGI from a single institution (UP-PGH) were surveyed, recall bias, since PGI responses relied on self-report, and response bias due to the voluntary online format of the questionnaire. To minimize these, total enumeration was done, anonymity of respondents was assured, and the questionnaire was distributed electronically to all eligible participants to encourage honest and complete responses.

CONCLUSION

EM specialty was the least chosen specialty among PGI compared to PC, CL, and SS. Majority of those who chose EM were female and single. Medical lifestyle was considered to be the most influential categorized factor among the EM group and prestige as the least influential. Specifically, individualized factors such as acceptable hours of practice, able to spend appropriate time with family and focus on urgent care are major factors that affect career interest in EM. Furthermore, prestige was consistently a low-ranking motivator for EM, aligning with global trends. This may reflect EM's association with high stress and emotional labor, often undervalued despite its critical role in healthcare systems. Addressing these perceptions could improve recruitment. The low interest in EM underscores the need for targeted interventions such as increased clinical exposure, enhanced mentorship, and better institutional visibility. These findings can inform EM curriculum development, outreach strategies, and residency reforms to address workforce shortages.

Recommendations

The low number of respondents who expressed interest in EM as a career necessitates active promotion of the specialty among medical students or graduates to prevent the shortage of emergency physicians in the future. Medical schools should introduce the various aspects of EM through more clinical exposure among medical students for them to gain more insight about the specialty. Medical students or graduates who would prefer a specialty that has acceptable hours of practice, able to spend appropriate time with family and focus on urgent care should be well oriented of the existence of EM as a possible career choice. The experiential knowledge on EM can inculcate a positive attitude towards the specialty among them. Tertiary hospitals in the country should also establish more EM residency training programs to further increase the chances of medical students or PGI being exposed to the specialty thru EM rotations. Investigating the trends, factors, and effect of clinical rotations in specialty choice is necessary to meet the needs in the healthcare manpower of the country in the future.

Future studies may include surveys among medical students and PGI in multiple centers and schools in the country with bigger sample size to have a better gauge and understanding as to what and how factors affect choice or interest in different medical specialties.

Statement of Authorship

Both authors certified fulfillment of ICMJE authorship criteria.

Author Disclosure

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