

# Advising Medical Students for the Match: A National Survey of Pediatrics Clerkship Directors

Michael S. Ryan, MD; Leonard J. Levine, MD; Jorie M. Colbert-Getz, PhD;  
Nancy D. Spector, MD; H. Barrett Fromme, MD, MHPE

From the Department of Pediatrics (Dr Ryan), Virginia Commonwealth University School of Medicine, Richmond, Va; Department of Pediatrics (Drs Levine and Spector), Drexel University College of Medicine, Philadelphia, Penn; Office of Medical Education (Dr Colbert-Getz), University of Utah School of Medicine, Salt Lake City, Utah; and Department of Pediatrics (Dr Fromme), University of Chicago Pritzker School of Medicine, Chicago, Ill

The authors have no conflicts of interest to disclose.

Address correspondence to Michael S. Ryan, MD, 1201 E. Marshall St, 4th floor, Box 980565, Richmond, VA 23298-0565 (e-mail: [msryan@vcu.edu](mailto:msryan@vcu.edu)).

Received for publication December 16, 2014; accepted March 21, 2015.

## ABSTRACT

**OBJECTIVE:** To describe the role and perspectives of pediatrics clerkship directors (CDs) who provide advice to students who apply to Pediatrics residency training programs.

**METHODS:** We developed a survey based on previous studies and data from the 2012 National Residency Matching Program-Program Director (NRMP-PD) survey. Topics included CDs roles and confidence in advising, perspectives on applicants' competitiveness, and resources used to inform advising practice. This survey was disseminated as part of the 2013 Council on Medical Student Education in Pediatrics annual survey.

**RESULTS:** CDs from 63 (45%) Liaison Committee for Medical Education-accredited medical schools in the United States responded. All CDs had some advising role, and most (68%) served in a formal advising capacity. Most (58%) also participated in the intern selection process at their institution. Those with formal advising roles were not significantly more confident

in their advising than those without formal roles. CDs relied heavily on subjective resources and most did not use the NRMP-PD survey data. Despite this, the perspectives of CDs were similar to those of program directors based on the most recent NRMP-PD survey.

**CONCLUSIONS:** Pediatrics CDs uniformly serve in advising capacities and have perspectives that compare favorably with those of program directors. Despite this concordance, the high reliance on subjective resources and the frequency in which CDs participate in intern selection raises concern. The results of this study have several implications for key stakeholders in the residency selection process.

**KEYWORDS:** advising; pediatrics clerkship; residency application; undergraduate medical education

**ACADEMIC PEDIATRICS** 2015;15:374–379

## WHAT'S NEW

Pediatrics clerkship directors commonly provide advice to students who apply to residency training programs. Although their perspective is comparable with that of program directors, it is largely based on experience rather than objective data.

THE CONNECTION BETWEEN a student and his/her advisor can be one of the most meaningful relationships formulated during a learner's education. In addition to providing personal support and promoting general wellness,<sup>1,2</sup> advisors facilitate career development<sup>3–5</sup> and help ensure a successful placement into employment, or in the case of medical school education, a residency training program.<sup>6</sup>

The framework for optimal advising strategies might be conceptualized as 2 distinct phases. In the first phase, the role of the advisor is to promote his/her advisees' personal and professional development, self-reflection, and lifelong learning.<sup>7–10</sup> In medical school, this phase often includes shadowing, specialty-interest groups, guest lectures, and formal Student Affairs programming.<sup>11,12</sup> After deciding

on a career, learners' needs become more goal-directed and career-oriented. This latter phase of advising is often composed of one-on-one meetings with career-specific advisors who review personal statements, discuss requirements for letters of recommendation, and help learners construct their list of residency programs.<sup>13,14</sup>

The value of the relationship between a career-specific advisor and a learner is endorsed by the Liaison Committee on Medical Education, which requires that all accredited medical schools provide their students with effective advisors for the purpose of "evaluating career options and applying to residency programs."<sup>15</sup> However, despite the inherent value, there have been concerns expressed over the quality, quantity, timing, and subjectivity of career-specific advising practice.<sup>16,17</sup> These concerns are likely to become even more significant in the increasingly complex and competitive landscape of the National Resident Matching Program (NRMP) and the emergence of the Supplemental Offer and Acceptance Program.

In Pediatrics and in other fields, the clerkship director (CD) is often called on to serve in the role of career-specific advisor to medical students.<sup>18,19</sup> Outside of

residency program directors, CDs are generally most in tune with applicants' needs with the added benefit of theoretical separation from the actual selection process.<sup>19</sup> Despite the requisite for and frequency with which CDs serve in this capacity, the experience of CDs who provide advice to prospective applicants has not been previously explored.

The purpose of this study was to describe the experiences of Pediatrics CDs who serve as advisors to medical students who apply to Pediatrics residency training programs. We sought to identify what role(s) CDs have in advising, their confidence level performing in these roles, what resources inform their practice, and what perspectives are provided to advisees regarding application competitiveness. We also investigated how CD perspectives compare with the perspectives of Pediatrics residency program directors (PDs).

## METHODS

### STUDY DESIGN

Each year the Council on Medical Student Education in Pediatrics (COMSEP) administers a survey to its members to address issues relevant to the educational mission of the organization. COMSEP members are invited to submit questions for consideration in the annual survey. For the 2013 survey, the authors submitted 7 questions about CD experiences in advising medical students who apply to Pediatrics residency programs. Questions were constructed based on previous studies related to residency advising,<sup>17,20–23</sup> Pediatrics PD responses in the 2012 NRMP Program Director Survey (NRMP-PD),<sup>24</sup> and the research teams' experience as Pediatrics clerkship (M.S.R., L.J.L.), Pediatrics residency program (N.D.S.), and recruitment (H.B.F.) directors.

In addition to obtaining data on basic demographic characteristics, we asked CDs what role they had in advising medical students in applying to residency (ie, formal vs informal vs no role) and how confident they were in their ability to advise residency applicants (1 = not at all confident to 5 = very confident). A formal advisor was defined as one having students specifically assigned as advisees or who served in the Dean's office. An informal advisor was one for whom advisees were not specifically assigned to the CD. Questions also elicited CD perspectives on the relative importance of 23 applicant characteristics on overall success in the match (1 = very important to 5 = not at all important), and the perceived effects of 12 potentially adverse factors, or application "red flags," on advisees' ability to match (1 = no effect to 5 = very significant effect). Finally, we asked CDs which resources informed their advising strategies for residency applicants. Respondents chose from a mix of subjective resources (eg, personal experience in applying to residency, former students who matched in Pediatrics, colleagues at own or another institution) and objective resources (eg, NRMP-PD survey results, Association of American Medical College's Careers in Medicine Web site, American Academy of Pediatrics publications). Questions were independently pilot-tested with 9 medical educators who represented 6

institutions in geographically and programmatically diverse sites. The final questions were submitted to the COMSEP survey committee who performed further pilot testing and ultimately incorporated the questions into the 2013 COMSEP Annual Survey. A list of the final advisory questions can be found in the [Appendix](#).

### STUDY POPULATION

Potential participants were identified from a list of all COMSEP members, which was internally maintained by the organization. All members were sent a personalized link soliciting voluntary participation in the survey. The survey remained open from October through December, 2013. Reminders were sent to nonresponders every 3 weeks to maximize the response rate.

Our sample of COMSEP survey respondents was limited to 1 CD or associate CD from United States Liaison Committee on Medical Education-accredited medical schools. We limited our analysis to 1 CD per institution to minimize the risk of overrepresentation of sites with multiple CDs and/or associate CDs. When multiple CDs from a single school responded, we included only the respondent with more years in their clerkship role. To ensure that medical schools with survey respondents were representative of all United States Liaison Committee on Medical Education-accredited medical schools, we compared respondents versus nonrespondents in terms of distribution of private versus public medical schools, and Academic Pediatric Association region with chi-square tests and enrollment with the Mann-Whitney *U* test.

### DATA ANALYSIS

Frequencies and percentages were calculated for demographic items about CDs. Frequencies and percentages were also calculated for advising role, confidence in advising, and types of resources used to inform advising practices. Logistic regression analyses were used to determine if CDs with a formal advisor role were more likely than CDs with an informal role to 1) be more confident in advising, and 2) be more likely to use a combination of subjective and objective resources for advising compared with only subjective resources. Means and standard deviations were calculated for the perceived effect of "red flags" on advisees' ability to match. Mean scores and rankings were calculated for the importance that CDs assigned to the various applicant characteristics in contributing to overall match success (ie, "importance factors").

Data from the 2012 NRMP-PD survey<sup>24</sup> were incorporated into this study. In that survey, PDs were asked to rate the importance of various factors when ranking applicants. Because 18 of those factors overlapped with the "importance factors" rated by CDs in our study, we compared Pediatrics PDs' rank and mean scores for those 18 "importance factors" to CDs' rank and mean scores. CD ratings of the "importance factors" were reverse-coded to match the scale of PDs such that higher scores equaled more importance for CDs and for PDs. Because NRMP-PD data were only available in aggregate form, we could not statistically compare PD and CD ratings.

Download English Version:

<https://daneshyari.com/en/article/4139057>

Download Persian Version:

<https://daneshyari.com/article/4139057>

[Daneshyari.com](https://daneshyari.com)