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# Career Advising Corner

COMSEP Career Advising Collaborative

Hello again COMSEP members! We're back with another installment of the Career Advising Corner. As your 4th year students have finalized their rank lists, the next cohort of students are eagerly looking ahead to their own 4th year of medical school and to the residency application process. Many of you will be meeting with students interested in pursuing Pediatrics in the coming weeks to start the planning process. This provides an excellent opportunity to identify students early who may be at particular risk of a poor match outcome next spring. Working with high risk students is a challenging but important role for the pediatric advisor. While this installment focuses on an initial approach to identifying these students, future Career Advising Corner posts will delve deeper into the strategies you can use to assist the at-risk student. Thank you to Len Levine for his contribution to this installment.

## **WHY IS IT IMPORTANT TO IDENTIFY STUDENTS AT RISK IN THE MATCH?**

Over the past several years, the residency application/match process has become more competitive across all fields of medicine. As a result, specialties traditionally considered "less competitive" (e.g., pediatrics, family medicine, psychiatry, etc.) cannot be taken for granted, and therefore weaker applicants should not assume that a match into pediatrics is guaranteed. Compounding the "competitiveness" problem stemming from an increased number of applications submitted by allopathic seniors is a concomitant increase in the number of strong applicants from other groups, such as osteopathic medical students.

As a result, the role of the pediatric advisor has become more difficult as faculty need to understand how to navigate the challenges of assisting medical students within a more competitive application environment. This is particularly true when working with students having risk factors for a poor Match outcome. Identifying these at-risk students is essential in order to implement advising strategies specifically designed to help overcome "red flags" in the residency application. Understanding that "one size does not fit all" is the first step in assisting the at-risk student.

## **HOW DO I KNOW WHICH STUDENTS ARE AT RISK?**

Transparency in the advising process is critical for both students and advisors. Advisors need to know the areas of strength and weakness in a student's residency application portfolio. Students need to know that advisors will provide them honest yet fair counsel. Being fully aware of a student's match risk influences the strategies used to improve that student's chance of securing a pediatric residency position. Many factors that place a student at risk for matching

are known prior to the student's entry into the final year of medical school. Pediatric advisors should seek out information to help them identify academic issues, professionalism concerns, and other factors that can put students at risk for poor match outcomes, particularly going unmatched.

Departmental or specialty-specific advisors may not necessarily have access to all of the pertinent data that can influence the competitiveness of their students. While your Student Affairs Deans will know all of the academic and professionalism problems a given student has encountered, that information may not automatically flow into the hands of the pediatric advisor. As a result, it is important to consistently ask students questions that can elucidate common risk factors or identify potential barriers to a successful match. Weaker students may be less likely to volunteer this information on their own so a consistent approach to identifying risk factors is an important tool for the effective career advisor. Pediatric advisors should partner early with the Student Affairs deans to identify at-risk students and develop cohesive strategies for these students that aligns with the advice the students are receiving from the Student Affairs office.

### WHAT INFORMATION SHOULD I GATHER TO HELP ASSESS MATCH RISK?

A structured one-on-one meeting with individual students late in the 3<sup>rd</sup> year allows the pediatric advisor an opportunity to understand each student's unique circumstances, make plans for a schedule in the final year, and begin discussing the residency application process as it relates to that student.

A standard questionnaire can be used to ensure important data is collected, including the following:

- USMLE scores, including any failures
  - The national mean Step 1 score for U.S. allopathic seniors matching in Pediatrics in 2018 was 227. (*Charting Outcomes, 2018*)
  - Step 1 score is the most frequently cited factor by program directors (PDs) when selecting applicants to interview, and a failed USMLE attempt is rated by PDs as a very important factor in selecting applicants. (*NRMP Program Director Survey, 2018*)
- Clerkship grades and narrative comments, including failed/repeated clerkships
  - Since narrative comments are a major component of the MSPE, it is important to know how the student is described in the clinical setting and whether any concerning buzzwords or phrases are used.
- NBME shelf exam performance
  - Poor shelf exam performance may suggest additional time is needed to prepare for Step 2 CK.
- Preclinical performance

- Are there any failing grades/repeated courses that will appear on the transcript?
- Any year of school repeated due to academic failures?
- Any gaps/time off during school (e.g., medical leave of absence, research year)?
  - Unexplained gaps will be a red flag.
  - Explaining a medical leave of absence with disclosing too much personal information may pose a challenge for some students.
  - A research year may help strengthen a weaker application.
- Timing of when the student starts 4th year
  - Are there any clerkships or shelf exams left over (e.g., deferred during the year) or extended time needed off to study for Step 2 CK, which will delay the start of 4th year? This could impact the ability of the student to do enough important rotations before applications are submitted.
- Geographic preferences or limitations for residency
  - Limited the geographical options, especially in highly desired locations, will make the match process more challenging.
- Other people to consider in the application process (e.g., couples match, non-medical significant other/spouse, family members, ill parent)
- Plans for letters of recommendation
- Any professionalism citations or honor code violations
  - It is important to know what professionalism lapses or concerns your school includes in the MSPE.
  - Evidence of professionalism is rated by program directors as an important factor when selecting applicants for interviews and when ranking.
- Depth and breadth of extracurricular activities, leadership opportunities, and research
  - Are there other aspects of the student's overall application that will help mitigate or balance academic challenges?

**I AM HELPING A STUDENT PLAN A 4TH YEAR SCHEDULE. IF I BELIEVE THE STUDENT IS AT RISK FOR A POOR MATCH OUTCOME, SHOULD I ENCOURAGE THE STUDENT TO DO AWAY ROTATION?**

In general, away rotations are not essential for students applying to pediatric residency. The benefits for *any* student choosing to do an away rotation include:

1. Allows program to get to know the student
2. Allows student to get a feel for a program and its residents
3. Provides an opportunity to demonstrate an interest in a given geographic region
4. Provides an opportunity to obtain a letter of recommendation from outside the student's home institution

When advising the at-risk student about away rotations, the following things should be considered:

1. Students who are poor test-takers (e.g., USMLE, NBME shelf exams) but are stronger performers in the clinical environment can benefit from an away rotation as a way to demonstrate their clinical strengths in person. Huge caveat: the student must be prepared to work hard to impress the faculty and residents they work with.
2. Are the factors that contribute to the student being at risk in the Match also factors that could hurt the student on an away rotation?
  - Students who are weak clinically, who don't adapt easily to new work environments, who have poor communication skills, or who have professionalism challenges are not likely to benefit from an away rotation and may, in fact, worsen their chances for matching at that program.
  - Completing a rotation at the student's home institution is highly beneficial prior to doing any away rotations. This provides an opportunity for the at-risk student to adjust to the increased responsibilities and skill set expected of a senior medical student before "auditioning" elsewhere, especially if they completed the pediatrics clerkship early in the clerkship year. These students should be proactive about seeking constructive feedback during the home rotation.
3. The at-risk student who wants to do an away rotation should strategically apply to institutions at which they are more likely to be considered. "Aiming high" or rotating at a program more competitive than the applicant is not as beneficial for these students.
4. Take advantage of resources available to help students identify programs that have matched or interviewed students with similar at-risk profiles. These programs are good options for away rotations. Examples include:
  - [AAMC Residency Explorer](#)
  - [Texas STAR](#) (if your school participates)
  - Look at historical data from your own school (i.e., where have similar students had success in the past?)

Stay tuned for future installments that will provide more information on advising the student at risk for a poor match outcome.